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Prescribing Information

E45 Cream

White, smooth emollient cream which contains White Soft Paraffin BP 14.5% w/w, Light Liquid Paraffin Ph Eur 12.6% w/w, and Hypoallergenic Anhydrous Lanolin 1.0% w/w.

Uses:

For the symptomatic relief of dry skin conditions where the use of an emollient is indicated, such as flaking, chapped skin, ichthyosis, traumatic dermatitis, sunburn, the dry stage of eczema and certain dry cases of psoriasis.

Dosage and

Administration:

Adults and children: Apply to the affected part two or three times daily.

Contra-indications,

Warnings etc:

E45 Cream should not be used by patients who are sensitive to any of the ingredients.

Package Quantities:

Tubes containing 50g

Tubs containing 125g and also 500g

Basic NHS Cost:

50g £1.76, 125g £2.35,

500g £9.61

Legal Category: G5

Product Licence Number:

PL0327R/5904

Product Licence Holder:

Crookes Healthcare Ltd

Nottingham NG2 3AA

Date of Preparation:

October 1999

E45 Emollient Bath Oil

Further information is

available on request from

Crookes Healthcare Ltd

Nottingham NG2 3AA

Legal Category: G5 (3 list)

Date of Preparation:

October 1999

E45 Emollient Wash Cream:

Further information is

available on request from

Crookes Healthcare Ltd

Nottingham NG2 3AA

Status: ACBS listed

Date of Preparation:

October 1999

References:

1. Marks R, Payne E, Shaikat N. *Br J Dermatol* 1997; 137: 501-5.

2. Berth-Jones R, Brown AAC. *J Dermatol* 1992; 3: 9-11

3. Data on file, Crookes Healthcare (E45) 111

4. Błaszczak-Kostalik M,

Shaukat N. *Resler*

presented at EADV, Nice 1998

5. *Br J Dermatol* 1997; 137: 501-5

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E45 Complete Emollient Therapy

Eczema is the last thing on his mind

Think of E45 and you probably think of E45 Cream. Yet, E45 Bath and E45 Wash can help too.

E45 Bath and E45 Wash are not only soap and detergent free to avoid drying the skin, they actually help protect against water loss and dryness.¹⁻⁴

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At ease about eczema

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

VOLUME 254 No 6228 140th YEAR OF PUBLICATION ISSN 0009-3033

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COMMENT

Tax evasion is illegal: tax avoidance is not, although the Government does its best to close the loopholes before people take advantage of them. The same analogy could apply to prescription endorsement and the *Drug Tariff*. Pharmacists do not have to endorse items 'ZD' if they appear in zero discount List A in the *Tariff*. Whether they are acting fraudulently (a strong term) in not declaring they received a discount on products in the list is moot point (see p45). Whether the PPA is entitled to 'switch' prescriptions in the way it does falls into the same bracket. In attempting to expose the alleged inadequacies of short-line wholesalers, the BAPW is quite properly seeking to safeguard the interests of its full-line members. However, in dragging pharmacy contractors into the dispute it is missing the point. Pharmacists should, of course, be sure that products they buy have been properly stored in the supply chain, and that is the issue the BAPW would be best concerning itself with. The Association might achieve more were it to persuade manufacturers to supply 'fridge lines' only to wholesalers who abide by its temperature control protocol. But the BAPW is only scratching the surface of a much bigger beast - the grey market. Manufacturers complain about the level of parallel imports, but continue to feed them into the supply chain. Brand equalisation deals mean discounts of anything from 15 to 50 per cent - not much comfort to the full-line wholesaler with a standard margin of 12.5 per cent. Some hospitals, too, are doing their own bit of wholesaling. While remuneration is pared to the bone and the DoH continues to rack up the misery through the discount clawback, and while suppliers march down the discount spiral, the grey market will continue to flourish, and with it the practices the BAPW finds so distasteful.

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On-line pharmacy can use third party couriers to deliver prescription medicines

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BAPW's Michael Watts (right) is seeking to shut the door on 'fridge line' discounts



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C&D has a couple of special tickets to give away

Belfast pharmacist refused injunction

A pharmacist has been refused an injunction at the Belfast High Court to prevent the *Irish News* publishing a story alleging the police were investigating his business.

Paul Campbell, of Campbell Pharmacy in Belfast, said the story would have an "incalculable" effect on his business. "The allegations are completely untrue but could be extremely damaging to the relationship of confidence necessary between chemist and customer," Mr Campbell is quoted as saying in a report which appeared in the *Irish News*.

The *Irish News* story, which appeared after the court hearing, said Mr Campbell admitted that the police visited his pharmacy in November. However, he claimed that since then no police officer had spoken to him about the matter.

The Royal Ulster Constabulary said this week that it would not comment on investigations if a person was named. "No inference should be drawn from this," said a spokesperson. The judge refused Mr Campbell's request for an injunction on February 14.

No Smoking Day prizes offered for pharmacy support

Pharmacists are being given the chance to win £150 for supporting No Smoking Day on March 8.

Participating pharmacists should send in details of how they are supporting their customers in helping them to quit smoking. The No Smoking Day 2000 Campaign is looking for examples of how pharmacies are helping quitters.

Where applicable, pictures of displays may be submitted.

Further details are included in the No Smoking Day support pack sent out to pharmacies by the Pharmacy Healthcare Scheme. Further materials are available from the No Smoking Day Campaign Office by telephoning 020 7916 8070, faxing 020 7916 7556 or e-mailing no.smoking.day@virgin.net.

Half of men rarely visit a pharmacy

More than half of men under 40 years old rarely visit a pharmacy, according to a survey commissioned by the Royal Pharmaceutical Society.

Only 39 per cent of men under 40 visit a pharmacy once a month or more. And 11 per cent had not been to a pharmacy in the past year. The average frequency is one visit every ten weeks. Older men are more likely to use a pharmacy, with 70 per cent of those aged 60 and over visiting once a month or more.

A Society campaign on men's health, which will be launched on Tuesday, is being supported by 'Watchdog' presenter Dr David Bull. "From my days as a practising doctor, I know that most men are guilty of a macho tendency to shirk responsibility

for their own health," he said. "We spend hundreds of days feeling ill, when we could be getting our symptoms treated quickly and effectively by a pharmacist."

The survey backs up these statements, with almost a third of those under 40 tolerating symptoms until they go away. While more than half would treat themselves for minor conditions, a quarter would ask a pharmacist, and only one in ten would ask their doctor or practice nurse.

When men do use pharmacy services, more than half ask for advice when buying over-the-counter medicines and 86 per cent visit the phar-



'Watchdog' presenter Dr David Bull (left) with Sunil Patel, of the Garden Pharmacy in Covent Garden

macy themselves. Eighty five per cent of men are pleased with the service they receive from pharmacies.

Almost three-quarters of men have no preference about whether they consult a male or female pharmacist, except if the subject is sexual health.

Asthma monitoring in Durham

Community pharmacists in Durham are to take part in a study to assess their effectiveness in managing asthma patients.

The pharmacists will counsel patients on their medication regimes, inhaler technique, clinical symptoms and other preventive measures. The patients will be asked to record their peak expiratory flow rate each morning and evening, and will be able to visit the pharmacist when required. The pharmacist will assess their condition at every visit, contacting the GP if there is a need to change their medication.

A control group of patients will not be counselled by the pharmacist but will record their peak expiratory flow rate twice daily and will be seen by their GP as usual every two months. The study, due to start in April, will run for 12 months.

The pharmacists' input will be assessed by the number of patient visits to the GP, hospital admissions, time off work, peak expiratory flow rates and compliance with medication. Other factors noted will include drug wastage, respiratory infections, exercise and allergic conditions.

The study will involve three or four

pharmacists and about 80 patients, who will be recruited by GPs from two practice clinics and by consultant chest physicians from Darlington Memorial Hospital.

A multi-professional team, co-ordinated by lead clinical pharmacist Dr Labib Tadros, will run an extensive training course for the pharmacists taking part. The course, accredited by the College of Pharmacy Practice, will be available to all pharmacists later this year, says Margaret Ledger-Scott, chief pharmacist, South Durham Trust. The study has been approved by the British Thoracic Society.

The pharmacists will be paid for locums while training and they will receive a fee to take part in the study, although Mrs Ledger-Scott declined to reveal the amount.

"Every year pharmacists dispense more than 3 million prescriptions for asthma medications, so they are in a pivotal position to contribute to the overall management of the disease," she said.

Copies of pharmacist protocols for asthma management, based on the British Thoracic Association guidelines, are available on 01325 743477.

Pharmacists give support to open display of P lines

Half of pharmacists would support the open display of Pharmacy medicines, a *Chemist & Druggist* survey has found. However, similar numbers were supportive of open display providing a pharmacist supervised the actual sale.

Asked if they would like to see changes made in the Code of Ethics which would give them the option of putting P medicines on open display 50 per cent answered yes, with 44 per cent saying no. There was slightly more support for open P display among pharmacists in the independent sector with 52 per cent, compared to those from multiples at 48 per cent.

Strongest support was also seen in the North-west and Northern Ireland with some 67 per cent of respondents in the North-west in favour, and 79 per cent of Ulster pharmacists saying yes.

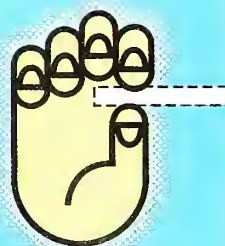
It is also apparent that confusion exists over how P medicines are controlled under the profession's Code of Ethics. Asked "Do you believe the Royal Pharmaceutical Society's Code of Ethics currently prohibits you from putting P medicines on self selection display?" some 78 per cent of respondents said yes, with 18 per cent saying no.

The figures are revealed in the *C&D Quarterly Business Trends Survey* carried out with support from UniChem. More results are given on p42.

Wannarunamarathon?

Chemist & Druggist, courtesy of Johnson & Johnson MSD, is offering readers the chance to run in this year's London Marathon. Turn to p50 for more details.

cut it out



with
no smoking day
2000
you want to stop smoking here?
ask your pharmacist for advice on
how to quit.

Cardiac risk assessment scheme tested in Dorset

A Dorset pharmacy is acting as a test site for a cardiac risk assessment scheme that the local pharmaceutical committee is hoping to promote to its health authority.

The scheme is based on a two-part programme. The first part involves a Heartscore touch-screen system that

allows patients to assess their own risk from coronary disease. The second step involves analysing a finger prick blood sample to test for substances including cholesterol, glucose and triglycerides. Blood pressure testing is also involved.

"There has been a great deal of

interest from both professionals and the public," said Roger King, secretary of Dorset Local Pharmaceutical Committee and pharmacist at Lytchett Pharmacy, Lytchett Matravers, where the trial is taking place.

The touch-screen service is being offered free of charge and the blood

test is currently being offered at a subsidised rate. The test scheme is in the early stages of development and the LPC hopes to launch a six-month trial in the summer involving about six pharmacies. The LPC hopes that the service will become part of the local health improvement programme.

Lines pharmacy hosts free local internet connection

A pharmacy has been selected as one of 18 sites to host a free connection to the Lincolnshire Information Network (LINNET) internet service.

The Brian Foster Dispensing Chemist in Donington joins other sites including pubs, surgeries, community centres, village halls, post offices and co-operative shops. LINNET is a local database giving details of county services, but it also provides free access to educational internet sites such as NHS Direct. Members of the public can pay if they want to surf the internet 'recreationally'.

Roy McNroy, operations manager for Lincolnshire's Library service, explained that as Lincolnshire is such a large county with a mainly rural population, there are problems of social exclusion.

"We were keen to have LINNET made available to as many people as possible," he said. "We want to try it in a range of places and the pharmacy is very good as most people will visit the pharmacy, which can have longer opening hours than some of our libraries."

Pharmacist Kate Ward, manager at the pharmacy, is looking forward to patients using the computer terminal to augment advice given by their doctor and in the pharmacy. She suspects that the terminal is a first for pharmacy.

Lincolnshire County Council Cultural Services sub-committee vice chairman Brian Knight added. "Many people use their local chemist as a vital part of their daily lives, which is why this initiative is so effective. People will not only be able to pick up their prescriptions but will be able to surf the internet as well."

Use of the machines will be monitored to see which locations are more popular. Funding for the terminals has come from the DCMS Wolfson Foundation Public Library Challenge Fund, but as this is limited, Mr McNroy said that more terminals will only be bought when funds allow.

Script charge increased to £6

The prescription charge in England and Scotland will rise by 10 pence to £6 on April 1.

Similar regulations are being laid in Northern Ireland. The Scottish Executive, although free to set its own charge, has followed the Government's recommendation and will be implementing the same increase as in England. Parallel proposals are to be considered by the National Assembly for Wales.

The rise, the lowest percentage increase for over 20 years, is in line with the movement of the Retail Price Index. Retail Price Index movements will become the benchmark for any subsequent charge increases over the next three years.

The Royal Pharmaceutical Society has called for a review of the current charging system "as it seems to contradict the Government's policy of equal access for all to healthcare

services". Anne Lewis, secretary and registrar of the Society, said the charge often prevents patients from obtaining the care they need. "Some people will be deterred from visiting their GP because they know they won't be able to afford the treatment," she said.

Prescription prepayment certificates will rise from £30.80 to £31.40 for four months, and from £84.60 to £86.20 for 12 months.

Rules for borderline products published

Regulations coming into effect on March 1 introduce a new statutory procedure for classifying products on the borderline between medicines and foods.

The regulations give the licensing authority power to stop a company selling a product, thought to be a medicine, without a marketing authorisation. But the authority must explain why the product should be classified as a medicine and companies who disagree with the decision will be able to refer to a review panel.

The Medicines for Human Use (Marketing Authorisations Etc)

Amendment Regulations 2000 (SI 292, Stationery Office £2) specifies that the review panel will be set up by the licensing authority.

The company disagreeing with the 'provisional determination' has four weeks to object (giving reasons within six weeks) or to seek an oral hearing with the panel.

Although there is no mention of the panel's structure in these regulations, Maurice Hanssen, Health Food Manufacturers' Association, said the accompanying guidelines give assurances that members will be independent and must declare their interests.

Over 6m patients using internet for health

A survey has found that over six million people in the UK are using the internet regularly to keep up to date with the latest treatment options and medical information.

In addition, nearly a third of the patients surveyed said they question and challenge their GP's diagnoses with medical information they have gathered elsewhere. Some 13 per cent of patients are using the internet as an information source. The Gallup survey commissioned by Innovex UK found that men and younger patients are most likely to surf the internet before visiting their doctors (17 per cent of men and 22 per cent 16-24-year-olds).

IN BRIEF

Bonsal - price clarification

In last week's issue Xrayser quoted the trade price of Bonsal as £13.66. The correct price is £11.14. The error arose because Xrayser was quoted a price of £81.47 for a minimum order of six. The quote included VAT and postage (£2.50). The distributor, Nashi Pharmacy, does not despatch goods before receiving payment.

N Ireland stats for October

There were 1,855,509 items dispensed from 1,077,389 prescription forms in Northern Ireland in October, 1999. The ingredient cost was £20.24 million (£18.94m net).

Discount was £1.292m, with oncost and other payments totalling £3.041m. The gross cost was £21.98m (£21.31m net). Gross cost per prescription was £11.8481 with ingredient cost £10.9056. The net ingredient cost per prescription was £10.2091.

New CHC structure in Wales

There will be 20 Community Health Councils in Wales with a new structure based on a range of different federation models to suit local needs from April 1. Jane Hutt, health and social services secretary for the National Assembly for Wales, wants

to establish a working group to look at how the Assembly can strengthen the role of CHCs.

NHS Direct calls cost £8 each

The current total cost of NHS Direct is £80 million to cover ten million calls, health minister Gisela Stuart has revealed. It is expected that this will fall from £8 per call to less than £6 per call when NHS Direct is rolled out fully. This compares to a GP consultation costing an estimated £10.55 and £42 for an A&E visit. The DoH predicts that calls could fall to about £1.60/person/year, assuming 200 calls/1,000 population are made.

NHS 'could make better use of resources'

Radical changes are needed to bridge the gap between what the NHS can provide and what the public demand from it, say the authors of a new King's Fund report.

They argue that the NHS has to get more out of the money put in, by better use of staff, more effective prescribing and better procurement of supplies.

It must redesign its services to suit patients rather than professionals, which requires a fundamental change of attitude and not necessarily extra funds. It must focus more on managing demands better, for example, by pursuing initiatives that direct patients towards the most cost-effective care, which could include self-care.

The main sources of advice on illness management are GPs and A&E departments, says the book, 'The NHS: facing the future'. But there are more cost-effective alternatives, such as using nurses or pharmacists to offer advice in more convenient locations.

"Currently the significant knowledge of pharmacists about the treatment of common conditions is under-used despite their lengthy training," the authors say. The Department of Health has made some effort to encourage a greater advisory role for pharmacists but, as no payment is on offer, "the enthusiasm of pharmacists for this role has been muted".

The book goes on to suggest that agreeing thresholds for access to healthcare could help even out geographical variations.

"The way ahead is to focus on services such as cancer care where poor or delayed access, typically before patients reach the hospital for diagnosis, is of critical importance to final outcomes".

Parents still trust head lice myth

Over half of mothers believe head lice can be passed on by sharing hats and bike helmets, a survey has found.

A quarter of mothers think dirty hair increases the chances of getting head lice, while over half blame clean hair; nearly a fifth believe bus seats are a 'hot spot' for infestation; and nearly half blame poor hygiene in schools.

The survey was carried out for L'Oréal Creme Rinse. Warner Lambert is issuing a customer leaflet, 'Having a lousy time', to help break down the myths. Telephone 023 8062 8487.

Lightweight success as 80 join pharmacy diet plan

A Lloydspharmacy in Sandy, Beds, has enrolled over 80 customers in a 'Lighten up with Lloyds' scheme.

The idea came from pharmacy manager Sue Melvin, after a friend had problems getting to Weight Watchers in the evening. Participants receive a free weight chart, a diary to record food and drink intake, and dietary advice compiled with the help of dietitians at Bedford Hospital.

The slimmers pay £0.20 a week to get weighed and Sue advises them on possible improvements to their diet, encouraging a change to long-term healthy eating. She spends about five minutes with each participant initially, then the time varies according to individual needs.

She and three other staff members are supporting their clients by embarking on the programme too. The average weight loss has been 3-4lb since the launch on January 14. "I've been amazed at the numbers taking part," she told *C&D*. "It just shows how much need there is for this kind of service."

It has also been good for business.



Lightening up, from left, Caroline Smith, dietitian at Bedford Hospital, member Yvonne Todd, Lloydspharmacy manager Sue Melvin, and Laura Wood, project assistant with Bedfordshire Health Promotion Agency

"New customers have come in and are spending money they would be spending elsewhere," she said.

The local health promotion agency provided all the literature, including

leaflets on healthy eating and exercise, and funded the launch. The agency is hoping to start 'healthy walks' and those enrolled on the scheme can obtain free swimming pool vouchers.

Sir Alan Langlands quits NHS post



Sir Alan Langlands

Sir Alan Langlands, chief executive of the NHS Executive, has resigned his post to take up the position of vice chancellor of the University of Dundee.

The health secretary, Alan Milburn, said: "Sir Alan has served the NHS with distinction as chief executive. It is one of the most demanding jobs in Britain. Alan has made a major personal and professional contribution to modernising healthcare in this country."

Sir Alan will continue as chief executive until the end of August. His

successor will be appointed in the summer.

"It has been a tremendous privilege to do my present job," said Sir Alan. "I will remain absolutely committed to the people in the NHS and to the Government's aims of improving health, tackling inequalities and modernisation."

There has been speculation in the national press as to why Sir Alan would leave after recently signing a contract that ran until 2004. The Department of Health would not comment further.

Pharmacist frightens off armed raider

A pharmacist frightened off a man brandishing what appeared to be a double barrelled gun.

In the incident, which happened early on Tuesday afternoon at Knights Chemist in Banbury, Andrew Phillips-Godfrey was approached by the balaclava-hooded man who had gun barrels sticking out of a plastic bag he was carrying.

The robber gestured for Mr Phillips-Godfrey to go into the dispensary, but the pharmacist took a side step and grabbed the barrels and pointed them away from himself. The robber then took flight.

"He made no request for anything particular, he just pushed me and indicated with his eyes and head to get into the dispensary," said Mr Phillips-Gordon.

"I reached back and grabbed the barrels and pushed the gun away."

Police closed the pharmacy, in the suburb of Grimsbury, for two and a half hours.

Although a man was later apprehended, it is not clear whether he was the same man involved in the attempted raid. The only other person in the pharmacy at the time of the incident was a pharmacy assistant.

Reconsideration of regulations

The health secretary, Alan Milburn, is to be asked for a timescale for the reconsideration of the pharmacy contract application regulations.

South Ribblesdale MP David Morrow will ask the question. "I understand there is a review of the legislation planned and a request is to be made to the secretary of state as to the timescale for this reconsideration of the nationally agreed regulations for pharmacy provisions".

The question relates to the Appeals Committee's refusal to grant a Farrington, Lancashire pharmacy a contract (*C&D* August 21, p6).

Dr Shipman: the aftermath

The guilty verdicts returned against Dr Harold Shipman, and the subsequent media coverage, will have a profound effect on general medical practice. In years to come, the case could be seen as a catalyst for enormous changes in the regulation and control of GPs.

Although everyone accepts these evil crimes were the work of an isolated individual, his deeds reflect badly on the profession. There is now a feeling that something must be done to stop this happening again. A laudable goal, but should it be used as an excuse for more controls on general practice?

Few will argue that the areas of death certification and cremation forms need looking at. The consequence, though, will be a delay in organising funerals, as more paper-

"Further controls on general practice may stifle innovation and protect no-one"

work may be required. This could add to a bereaved family's anguish.

Equally, there must be a system that allows for more stringent checks on single-handed practices such as Dr Shipman's. There is a feeling that if he'd had partners, his crimes may have been detected earlier. The middle ground of providing choice to the public and maintaining professional standards will not be easy to find.

The accumulation and storage by GPs of Controlled Drugs will come under scrutiny, and new rules may come into force. Tighter regulation of GPs and increased monitoring of their activities will no doubt be on the agenda. The activities of the General Medical Council may also be critically examined. Even the independent contractor status could come under threat.

An independent inquiry is looking at the questions posed by the Shipman case. It is quite possible that some of its recommendations, along with other measures sought by the Department of Health could gain parliamentary approval by the end of the year.

However, they will not stop another Dr Shipman. There is a real danger that further controls on general practice could ultimately stifle innovation and progress and yet protect no-one. Finding the right course of action will require the judgement of Solomon.

By Dr Harry Brown, a GP practising in Seacroft, Leeds

Xrayser

Topical Reflections

Insights into an LPC secretary's thinking ...

I always look forward to receiving the musings of LPC secretary Jeremy Clitherow. He occasionally sends me, via the C&D office, a copy of his newsletter to Liverpool LPC contractors. I have an empathy with his views, and feel like an honorary member of his LPC.

The newsletter is an important communication tool between the LPC and its contractor members, but its format will vary considerably between LPCs. In the case of the Liverpool offering, it is so transparently written by Jeremy that no contractor could ever be in any doubt as to the LPC's thinking.

But many lessons that individual LPCs convey to their members are applicable to pharmacists in other areas. In the latest newsletter, Liverpool LPC touches on the vexed question of checking procedures.

Jeremy makes the important point that all dispensing procedures should be checked, that the check should be from the prescription and not the label, and who cares who detects any error as long as it is discovered before the medicine is finally handed out.

This is a lesson I have tried to practise myself and always drummed into the heads of pre-reg graduates and my dispensing technicians.

Somehow, some pharmacists consider it a professional insult to question their fallibility, but pride comes before a fall. If I were the patient I would be very wary of any professional who, hand on heart, said he or she had never made a mistake!

PSNC only half way there on algorithms

I agree with the Pharmaceutical Services Negotiating Committee that it is not possible to apply algorithmic protocols rigidly to OTC prescribing situations, but I do not agree that their use should be dismissed out of hand (C&D February 19, p4).

A series of algorithms that dealt flexibly with the varying responses to



questioning in different therapeutic categories would be a useful training tool and complementary to the present knowledge-based training systems. This approach would not only benefit a pharmacist's OTC prescribing advice; it could also be an additional aid to support sales protocols for medicines counter assistants, and for pharmacists when training staff.

The algorithmic approach to a problem is a training concept not a specific tool, and rather than criticising the suggestion, I am excited by its possibilities.

PSNC is not the best organisation for developing training systems as its primary function is contractual negotiation. To negotiate resources for the implementation of training is its responsibility, but I expect the National Pharmaceutical Association and the Royal Pharmaceutical Society to co-ordinate the programme itself.

Hook forward to providing grass roots feedback to their first series of OTC prescribing algorithms.

Throw out the old when bringing in the new ... please!

Wassen's Selenium-Ace has always been a steady seller, but I am the first to accept that its formulation is now incomplete in the light of modern

dietary knowledge of the role of antioxidants.

Wassen has now launched Selenium-Ace Extra with a revised formulation that provides a more complete antioxidant profile (C&D Counterpoints, February 19). I am sure the product is superior but so is the price - £5.95 for 30 days' supply against the original's £4.25 for a similar amount. Convincing customers of the superiority of the new line might not be difficult but justifying the premium price will be.

Both products will now have to be positioned on my shelves and the question posed to each customer: continue with the old 'inferior' product or pay a lot more for its new replacement? But it will not stop there because soon the 90-day and 365-day pack of the new product will be launched to further increase my capital investment and expand shelf frontage of Selenium-Ace to the detriment of other products.

This is annoying to me and annoying to customers because this would have been an ideal opportunity for Wassen to please both of us. The company should have introduced Selenium-Ace Extra as a new advanced formulation and a direct replacement of the old.

The company could then have charged a more reasonable amount and I would have been delighted to convince all my customers of the product's advantage.

International 'e-health code of ethics' up for debate

An international code of ethics for health services and related information on the internet has been drafted.

Compiled by the Internet Healthcare Coalition, the 'International e-health Code of Ethics' calls on all those who use the internet for health-related purposes to "Join together to create an environment of trusted relationships to ensure high quality information and services, protect privacy, and enhance the value of the internet for both consumers and providers of health information, products and services".

The draft Code's guiding principles say that those wishing to offer health information, products or services have an obligation:

- to candidly disclose factors which may influence content and the potential risks of providing personal information over the internet

- to make sure such items are of high quality and to provide a means for users

- to stick to the highest standards of professional practice

- to help patients understand how the internet affects the relationship between the health professional and the patient.

IHC has formulated the draft Code following an international e-health ethics summit in Washington, DC, at the end of January. It includes input from patients' representatives, consumers, professionals, ethicists, dot-com groups, healthcare manufacturers and government agencies.

IHC has put the draft out for consultation for eight weeks, with the aim of adopting the Code by mid-May. The Code can be found at the IHC web site at www.ibealthcoalition.org.

Sunderland student wins grant for automated medication dispenser



Michael Farmer (left), Audi Foundation manager, presents Jonathan Southgate with a grant for £750 to develop his automated medication dispenser

A student at the University of Sunderland has been awarded a grant to build a prototype of his automated medication dispenser.

Jonathan Southgate has developed a device that dispenses medication at the correct time, alerts the user to take their medication, is tamper-proof and user-friendly.

"At this stage, my design could take on a number of forms to address these objectives, although it will be electronic, battery-powered and constructed largely from thermoplastic material," said Mr Southgate.

The grant for £750 has been made by the Audi Foundation. The Foundation is a non-profit making organisation which supports and encourages young engineers and designers in Britain.

Ealing 'Healthy Heart' project a success

A stroke awareness project, which has seen pharmacists from eight pharmacies speak to 159 patients or their representatives over three weeks about strokes, has been judged a success.

Most of the interventions in the Ealing, Hammersmith & Hounslow study were initiated by the pharmacist as a result of a prescription being dispensed. But almost as many inquiries resulted from a poster display that was in the pharmacies' windows during the campaign, which ran between

September and October last year.

Patients were offered lifestyle advice, supported by leaflets, and 14 were referred to their GP. Audio and video cassettes were available and 20 patients borrowed these.

The stroke awareness project is part of the ongoing 'Healthy Heart Pharmacy' campaign being run in the Ealing, Hammersmith & Hounslow Health Authority Area.

A repeat of last year's smoking cessation scheme is planned for March.

LAMBETH OUTLOOK

The supply of emergency hormonal contraception through community pharmacies is going to happen. Beverley Parkin, director of public affairs at the Royal Pharmaceutical Society, sets out the official position



The Government takes sex seriously – where public health is concerned, that is. One of the first things to come out of Downing Street's Social Exclusion Unit last June was a report on teenage pregnancy. It highlighted how social inequality is linked to inequalities in sexual health. Women who have their first child when they are very young are at greater risk of long-term social and economic disadvantage. So are their children, who are vulnerable to poor health. So it is not surprising that the Government's public health White Paper highlighted the importance of cutting unwanted pregnancies and improving sexual health.

On the face of it, Britain's record in this area is poor. Twice as many teenage girls give birth here as in France, Germany or Italy. A fifth of all pregnancies – some 200,000 – are terminated. However, crude statistics are misleading. Teenage pregnancies are not increasing, but the number hasn't fallen dramatically as it has elsewhere in Europe. Britain's abortion rate also includes women who come from other countries where the operation is illegal. Reducing the need for abortions – as well as unwanted pregnancies and births – would seem to be in society's interest.

Rational public discussion of sexual health tends to be clouded by a particularly British strain of moral panic. Nevertheless, there is a recognition that the way to help people make sensible decisions about this aspect of their lives is to provide advice and support. That support may involve access to safe and effective contraception.

There is growing support among politicians, the health professions and consumer organisations for the Royal Pharmaceutical Society's policy that it would be in the public interest for pharmacists to be more directly involved in the supply of emergency hormonal contraception (EHC).

The compelling arguments for this are that it would help reduce unwanted pregnancies because pharmacies are easily accessible and because women are likely to feel just as able to ask for EHC in a pharmacy as in a clinic or a GP's surgery. Early access increases its effectiveness, which falls considerably after a 12 hour window.

Now that a safer, progestogen-only product is available, the arguments against wider availability are almost all concerned with moral or ethical issues. The most extreme view is that EHC is a form of abortifacient. For some people, all forms of contraception are objectionable. There is no evidence to back the view that availability of EHC promotes irresponsible sexual behaviour.

Recognising that some pharmacists may have ethical or religious convictions that preclude supplying certain services, the Society's Code of Ethics makes provision for them to follow their conscience without jeopardising patient access to services. However, a survey published in 1999 showed that most would be willing, with the right support, to be involved in the supply of EHC.

There are a number of ways that pharmacists could supply EHC. A pilot scheme under way in a Greater Manchester Health Action Zone allows supply under an agreed protocol set by a doctor. The company that holds the POM licence for the new progestogen-only product has announced that it has applied for a Pharmacy licence. It might also be possible to make EHC exempt from formal prescription requirements under the Medicines Act by specifying an exemption in a schedule to the POM Order.

Whatever the eventual mechanism, the Society's priority is now to ensure that the support needs of pharmacists who may wish to supply such services are identified and addressed. This includes consideration of the practice and ethical issues, and ensuring that training needs can be met.

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Single point of Contact. Expanded delivery fleet.
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examples of our determination to provide independent
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Of course we recognise the need to deliver the products
you want, when you want them. That's why we strive for the
highest levels of stock availability and why we have expanded
our delivery fleet to ensure there's no delay in bringing products
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provide you with a regular face-to-face contact who can help
you with everything from special offers orders to contacts
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branch. They're well trained, friendly and always ready
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Community Pharmacy hotline and you can see
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Medical matters

MDIs are inhalers of choice – despite the drawbacks

Conventional pressurised metered dose inhalers (MDIs) are the systems of choice for delivering bronchodilator therapy, according to the latest review by the *Drug & Therapeutics Bulletin*.

Despite some drawbacks, pressurised MDIs are a convenient and inexpensive way of delivering inhaled medication to adults, says the *D&TB*. When combined with a spacer, their use can even be extended to children and patients with poor co-ordination and for delivering corticosteroids to children and to adults who require high doses.

Breath-actuated MDIs and dry powder inhalers offer an alternative for people who cannot cope with pressurised MDIs or who do not want the bother of using a spacer.

Although the switch to CFC-free inhalers needs to be managed carefully, it provides healthcare professionals with the opportunity to optimise their patient's management, says the *D&TB*.

The *D&TB* says the plethora of different devices and competing claims has made it difficult for prescribers to choose the best options for their patients. It advises that doctors and nurses involved in asthma should get

to know the advantages and limitations of each device and be fully familiar with perhaps two of each type. Choices will need to be based on the patient's age and the presence of physical or cognitive impairment.

The *D&TB* also wants the Medical Devices Agency and the Medicines Control Agency to ask for a stricter, and preferably independent, assessment of delivery devices. At present devices can be launched without adequate information on the amount of drug delivered. Clinicians need fuller data on drug deposition in clinical practice to make an informed choice.

Hospital infections cost £1bn

At least 100,000 hospital acquired infections occur each year at a cost to the NHS of around £1 billion a year, says a report from the National Audit Office.

Although government initiatives are raising the profile of hospital acquired infections, there is scope to do more, particularly in dealing with antibiotic resistance, says NAO controller and auditor general Sir John Bourn.

He adds that the cost to the NHS could be reduced by around 15 per cent through better management and control of these secondary care infections.

Sir John has detailed 29 recommendations for achieving this, including greater compliance with the

Department of Health's guidance on infection control, better staffing levels, and more active participation in the Nosocomial Infection National Surveillance Scheme.

"Hospital acquired infections are a huge problem for the NHS. They prolong patients' stays in hospital and, in worst cases, cause permanent disability and even death," he says.

"By implementing the NAO recommendations, the NHS could make real improvements in the quality of care for patients and could free up significant additional resources for patient care."

Around one in 11 hospital patients at any one time has a hospital acquired infection.

Behaving by the book in pharmacy

'A Behavioural Approach to Pharmacy Practice', edited by Paul Gard, senior lecturer in pharmacy at the University of Brighton, introduces the reader to personal and social skills, sociology and health psychology that are relevant to the practice of pharmacy.

The paperback book is being offered to C&D readers at a discounted price of £13.50 (plus £2.50 p&p). The normal price is £16.99 (plus £2.50 p&p). To order, contact Anna Warrington on 01865 206292 or fax 01865 721205.

'A Behavioural Approach to Pharmacy Practice' 192 pages, 0-632-05138-8, Blackwell Science.

Survey reveals sub-therapeutic prescribing of simvastatin

Fewer than one in ten heart disease patients are achieving effective cholesterol control and two-thirds are getting sub-therapeutic doses of the most commonly prescribed statin simvastatin, according to the results of a recent audit in 27 practices in a south London health authority.

Norman Evans, principal pharmaceutical adviser at Merton, Sutton & Wandsworth HA where the study was conducted, said the results showed that only 34 per cent of eligible patients were being prescribed statins and just 9 per cent of those with clear

evidence of heart disease had a cholesterol level of 5.2mmol/l or less.

Simvastatin was the most widely prescribed lipid lowering drug in the area, accounting for £1.28 million out of the total £2.37m statin budget. Yet, as Mr Evans, points out, almost two-thirds of patients taking simvastatin were being prescribed the 10mg dose – well below the mean 27mg dose associated with reduced heart disease mortality in the major 4S intervention trial.

He is urging doctors to prescribe statins more cost-effectively and points out that it costs £5.95 per year

to reduce LDL-cholesterol by 1 per cent using the new 400mcg dose of cerivastatin, compared to £7.70 per year with simvastatin 10mg. At £4.815, the cost per life year gained with cerivastatin 400mcg is a little over half that for simvastatin 27mg.

Speaking at an 'Into 2000 with Statins' meeting sponsored by Bayer, Mr Evans said: "I personally believe that much of the money for prescribing statins to more of the people who need them is already in the system if only doctors can prescribe using the available evidence."

ESSENTIAL INFORMATION

Imodium™ Plus

Presentation: Chewable tablet containing Loperamide Hydrochloride Ph Eur 2mg and Simethicone USP equivalent to 125m polydimethylsiloxane. **Indication:** Imodium Plus is indicated for the symptomatic treatment of acute diarrhoea in adults and adolescents over 12 years when acute diarrhoea associated with gas-related abdominal discomfort including bloating, cramps, flatulence. **Dosage and administration:** Adults over 18: Two tablets initially followed by one tablet after every loose stool. Young adults age 12-18: 1 tablet initially followed by one tablet after each loose stool. Not to be used in children under 12 years. **Maximum dose:** Four tablets in 24 hours, limited to no more than 2 days. **Contraindications:** Hypersensitivity to a component of the product. Acute dysentery characterised by blood, stool or high fever. Imodium Plus contains sorbitol and should therefore not be used in patients with sorbitol intolerance or fructose intolerance (i.e. fructose-1,6-diphosphatase deficiency). Avoid when inhibition of peristalsis is undesirable. Acute ulcerative colitis, antibiotic-related pseudomembranous colitis. **Precautions:** In patients with (severe) diarrhoea, fluid and electrolyte depletion may occur. In such cases appropriate fluid and electrolyte replacement should be considered. If symptoms persist for more than 48 hours, treatment should be stopped and a doctor consulted. Imodium Plus should only be used during pregnancy or lactation on the advice of a doctor. Medical supervision is required in patients with severe liver dysfunction. Diarrhoea should be treated causally where possible. Drugs prolonging intestinal transit time can induce development of a toxic mega colon. Discontinuation of constipation and/or abdominal distension develop. **Side effects:** Nausea, hypersensitivity reactions (e.g. skin rash), headache, dry mouth, cold, chills, taste disturbance, constipation and/or abdominal distension. Rarely, paralytic ileus, usually following improper use. **Treatment of overdose:** CNS depression or paralytic ileus occurring following an overdose, naloxone can be given as an antidote. Repeated doses of naloxone may be required. The patient should be monitored for CNS depression for at least 48 hours. **Price:** 6 tablets £3.45, 18 tablets £7.95. **Legal category:** P. **PL:** 13249/0020. **PL Holder:** Johnson & Johnson MSD Consumer Pharmaceuticals, Enterprise House, Station Road, Loudwater, High Wycombe, Bucks, HP10 9UF.

COMPLETELY YOURS.



Contains loperamide and simethicone

The only pharmacy diarrhoea product that can provide fast, complete relief from all diarrhoea symptoms.

Certainly loperamide treatments alone can stop diarrhoea, but it is the addition of simethicone, unique to Imodium Plus, that now provides a new level of faster relief. By working gently with the body, Imodium Plus also calms the wind, cramps and bloating often associated with diarrhoea.

Unlike loperamide, Imodium Plus is a pharmacy-only product exclusively yours to recommend. It will be extensively advertised and supported to help achieve maximum awareness and drive pharmacy sales. Should you require a pharmacy support pack or full product information simply ring 0800 3890030.

Imodium Plus is your complete answer for diarrhoea symptoms.



Counterpoints



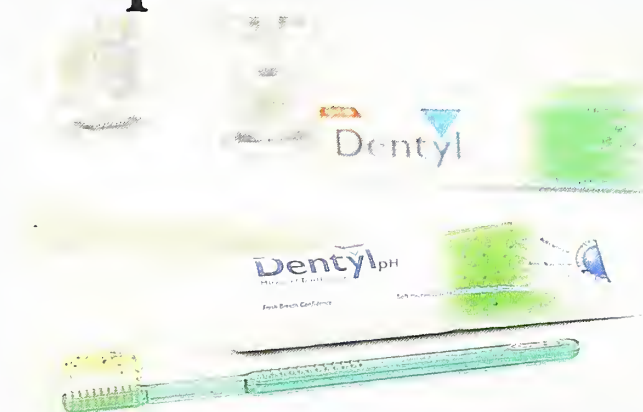
Powerful new toothpaste bursts into the marketplace

Dentyl pH is launching a new toothpaste to coincide with Fresh Breath Week from March 27 to April 2.

Dentyl pH Microgel Ultimate Care Toothpaste features a micro-encapsulated system, which includes CPC - a powerful anti-bacterial agent.

When brushing with the toothpaste, the soft capsules burst directly onto the gums, ensuring that the active ingredient is still 100 per cent fresh.

The product contains three anti-bacterial agents, soothing aloe vera and fluoride. The toothpaste is formulated to power-clean, remove stains, combat oral malodour and



care for the mouth, teeth and gums. It is available in blue/pink clove flavour or blue/green mint flavour. It

retails at £2.89 for a 100ml tube. **Fresh Breath Ltd.**
Tel: 020 7935 1492.

Dental wipes clean up on the move

Levershire is launching disposable dental wipes for cleaning teeth on the move. Handy Tooth Clean wipes are for use when it is not practical to use a toothbrush, toothpaste and water, such as on aircraft.

The refreshing fingerstall wipes are mint flavoured and contain xylitol. A pack of seven sachets retails at £1.99. **Levershire Ltd.**
Tel: 020 8900 1210.

Potti for all ages

Lakeside Care Plus is launching a new disposable personal urinal for men, women and children.

The Mini Potti works by turning liquids to gel and each urinal bag can be used several times.

Impfarm Nationwide Ltd.
Tel: 01204 540200.

AAH expands sales of mobility and disability aids

AAH Pharmaceuticals is adding 360 new lines to its range of incontinence products and mobility and disability aids.

The Home Health range is available from a new consumer catalogue that divides 650 product lines into four sections - personal medical care, about the house, mobility - out and about and sport and leisure.

Each section has been streamlined to offer a range of key products, selected by a panel of experts, including nurses, retail specialists in living aids and independent product specialists.

The new catalogue aims to educate patients with specialist information on subjects like nebulisers, migraine, continence and allergies.

Throughout the catalogue, consumers are encouraged to ask their local pharmacist for advice. The Home Health hotline can also identify a patient's nearest pharmacy.

AAH Pharmaceuticals will run a series of training days linked to promotional activity and awareness days/weeks throughout the year.

AAH Pharmaceuticals Ltd.
Tel: 024 7643 2000.



Paul Murray has the bottle to launch new designs

Paul Murray is launching two new feeding bottle designs in its Junior Macare range.

The Junior Macare 8oz feeding bottle is now available in a new Tinted Dumbbell design and an Animal Gripper bear-shaped design.

The Dumbbell bottles come in three colours - aqua, rose and lemon. Both bottles feature 'splats', 'swirls', 'stars', 'balloons' and 'clouds' designs.

Retail prices range from £0.99 to £1.49.

Paul Murray Plc.
Tel: 023 8026 8444.

Schiff food replacement system combines tablets and new drinks

Weider Nutrition is relaunching its Schiff Fat Metaboliser Tablets as part of a diet system that includes new weight loss drinks and a diet plan.

The Schiff Fat Metaboliser 14 day diet plan is designed to be a complete food replacement system. It involves taking the tablets twice daily in conjunction with the drinks.

The tablets are a dietary supplement containing a blend of natural herbs and nutrients that claims to help stimulate the metabolism. The two main fat burning ingredients are L-carnitine (an amino acid said to help mobilise and burn up the body's stored fat) and HCA - a plant extract that helps to suppress hunger. Two herbal ingredients - arbutin and cayenne - act as diuretics and minimise water retention to encourage weight loss.

The drinks come in strawberry and



chocolate flavours and are formulated to provide all the nutrients, vitamins and calorific requirements required by the body. Mixed with water rather than milk, the drinks help ensure minimum fat intake, providing a weight loss method that is suitable for those with dairy allergies.

The tablets retail at around £5.99 for 28 and the drinks retail at around £6.99.

The Miles Group.
Tel: 01484 852411.

When a cold sore attacks, target your customers with soothelip

Soothelip offers maximum protection for cold sores
at an affordable price for your customers.

Unlike other treatments,
Soothelip has always
contained dimethicone to
provide a protective
soothing barrier that will
gently moisturise lips.

And because Soothelip's
formulation is quickly absorbed,
nothing you can recommend
works faster or better.

Recommend



Nothing works better to heal and soothe cold sores.

PRODUCT INFORMATION: Soothelip For Cold Sores: contains 5% of aciclovir in a smooth white to off-white cream. It also contains: cetyl alcohol, dimethicone, heavy liquid paraffin, polyethylene glycol - 5 glyceryl stearate, propylene glycol, sorbic acid, white soft paraffin and water. **Indications:** the treatment of infections caused by the herpes simplex virus, such as cold sores. **Dosage and Administration:** cream should be applied to the affected area five times daily about every four hours for five days. If the cold sore has not healed after five days, treatment may be continued for a further five days. If the cold sore has not healed after ten days or gets worse during treatment, a doctor should be consulted. **Precautions and Warnings:** Patients should be advised to seek the advice of a doctor before taking Soothelip if: they are pregnant, plan to become pregnant or are breast feeding, if they are allergic to any of the ingredients in the cream, or if their immune system is not working properly. Soothelip should not be used for herpes infections of the eye, inside the mouth or genital areas. **Product licence number:** 0142/0426. **Licence Holder:** Cox Pharmaceuticals, Barnstaple, EX32 8NS. **Sold and Distributed In the UK by:** Bayer plc, Bayer House, Strawberry Hill, Newbury, Berkshire, RG14 1JA. **Legal Category:** P. **Date of preparation:** February 1997.

Piz Buin suncare spray for people who tan without burning

Novartis Consumer Health is introducing a new spray formulation in its Piz Buin Classic Brown suncare range.

Classic Brown Tanning Spray (SPF 2) is suitable for people with olive or darker skin tones who can tan easily without burning.

The product (rsp.£12.99, 300ml) is formulated to enhance a tan as well as to moisturise the skin and help prevent peeling.

The company says the spray formulation is non-greasy, easy to apply and quickly absorbed. It provides an instant cooling and refreshing effect.

● The Piz Buin After Sun range now includes three new products - After Sun Spray (rsp.£9.99, 200ml) After Sun Tan Intensifier Lotion (£9.79, 200ml) and Shower & Shampoo Gel (£6.59, 200ml).

Novartis Consumer Health.
Tel: 01403 210211.

Buzz helps kids to fight off plaque

Stafford Miller is launching two new character toothbrush ranges for children.

Popular screen characters from 'Toy Story' and 'Teletubbies' are the latest to join the Sensodyne junior toothbrush range.

The Toy Story toothbrushes are being launched to coincide with the UK release of the sequel to Toy Story - 'Toy Story 2'.

They feature Buzz Lightyear, Woody, Jessie and Alien. Bright packaging shows Buzz Lightyear in a space theme design.

The Teletubbies toothbrushes feature Tinky Winky, Dipsy, LaaLaa



and Po. The brushes come in four different handle colours and the back of each pack includes a puzzle.

Retailing at £1.99, the toothbrushes are designed with a compact head, slim neck and chunky handle that is easy for children to grip.

Stafford-Miller Ltd.
Tel: 01707 331001.

BaByliss makes a noise about a quiet hairdryer

Conair is launching a new BaByliss hairdryer that is designed to be more than 50 per cent quieter than equivalent high-power dryers.

BaByliss Whisper Jet Hairdryer features 'acoustic comfort' technology to reduce the noise level. A specially designed fan and internal airflow gives less noise output.

The University Laboratory in Liege, Belgium, where the hairdryer noise test was conducted, verifies the noise reduction claim.

The powerful 1,800W dryer has three heat/speed settings, a pre-styling comb, a concentrator nozzle to focus the airflow and a cool shot button.

The launch will be supported by a regional radio advertising campaign, which is scheduled to go on-air in the next two months.

A TV campaign is planned for the third quarter of this year to support pre-Christmas sales.

The dryer has a metallic blue finish and retails at £22.

BaByliss (UK) Ltd.
Tel: 01276 687500.

A STRONG SELLER

Elixir of Echinacea

WITH LIQUID EXTRACTS OF ECHINACEA, FUMITORY AND WILD INDIGO FROM

Potter's

ALSO AVAILABLE IN TABLET FORM

Echinacea - everyone's asking for it! But be sure the Echinacea products you stock measure up to your professional standards. Potter's high strength Elixir of Echinacea is a genuine medicine and a nationally advertised brand. Each pleasant-tasting, easy-to-take 5ml dose contains the extract from 640mg of Echinacea root.

Echinacea root acts against infections, is anti-viral, stimulates the immune system - and demand for it is growing. So when your customers ask you for an Echinacea preparation, make sure it's Potter's Elixir - just one of more than 140 products, all satisfying the standards set for medicines.

Potter's

Makers of herbal medicines since 1812
Leyland Mill Lane, Wigan WN1 2SB
Tel: 01942 405100 Fax: 01942 820255

Get to know us better - visit our website at www.pottersherbals.co.uk

Abridged Prescribing Information: Name of Product: Elixir of Echinacea. Presentation: Oral Liquid. Indications: A traditional herbal remedy for the symptomatic relief of minor skin conditions and nasal or throat catarrh. Product License Holder: Potter's (Herbal Supplies) Ltd, Leyland Mill Lane, Wigan, WN1 2SB. Further information is available from the licence holder on request. Legal status: GSL.

Ambre Solaire steps up UVA protection

Laboratoires Garnier is incorporating wider spectrum filter technology into its Ambre Solaire sun protection range.

Mexoryl XL is designed to filter a broader range of UVA and UVB rays. Laboratoires Garnier offers more durable and reliable protection against UVA rays - one of the principal causes of accelerated skin ageing.

For extreme protection against UVA and UVB rays, the Ambre Solaire range includes two new products - Sunblock Milk for Sun Sensitive Skin SPF 45 and Total Screen Sun for Intolerant Skin SPF 60 (milk and face cream).

Both products are suitable for protecting the most sensitive skin areas like the nose, ears and nipples. SPF 60 is also fragrance-free to ensure maximum tolerance for sensitive skin.

● The Ambre Solaire Kids range now includes a new Kids Moisturising Sunblock Milk SPF 25 and Kids Moisturising Sunblock Milk SPF 35.

● Designed for rapid application, new Ambre Solaire Moisturising Protection Sprays are available in SPF5, 10, 15 and 20. The water-resistant sprays are formulated to leave no greasiness or sticky residue.

● The latest addition to the Ambre Solaire self-tanning range is Instant Bronzer for the face. It contains light reflectors and works like a tinted moisturiser, giving an immediate glow. A light base tan develops over a few hours and lasts for days.

● A £2.5 million advertising campaign will support the Ambre Solaire range this year. From May until August, a TV campaign will focus on new technology, high protection factors, children's suncare products and protection sprays.

One press campaign from April to June will be for self-tanning products aimed at younger women. Another will focus on high protection products, aimed at mums with young children. This will appear in health and parenting magazines from May to July.

Two Ambre Solaire promotions will be specifically for independent pharmacies this spring/summer.

Consumers will be able to buy any two Ambre Solaire protection products and receive an after sun (worth £4.99) free. Special PoS material support this promotion.

Laboratoires Garnier.
Tel: 020 8762 4010.

Rapid relief

With antiseptic properties added to an analgesic action, Eludril brings fast, effective relief.

Enhanced activity

Inclusion of 0.5% chlorbutanol enhances the antibacterial and antifungal activity of 0.1% chlorhexidine, making it as effective as products containing 0.2%.^{1,2,3}

Low risk of staining

There is little evidence of tooth staining with 0.1% chlorhexidine.³ However, a recent survey found 93% of dentists asked have experienced it with other leading, higher concentration products.⁴

Eludril mouthwash

Clearly the solution for effective periodontal care

Sustained action

The special formulation means antibacterial activity is maintained in the mouth for up to 8 hours.⁵

Multi-usage

Suitable for use before, during and after periodontal procedures, Eludril has been shown to be particularly effective in subgingival irrigation.^{6,7}

Wealth of evidence

Numerous studies confirm efficacy in reducing gingivitis.^{8,9,10}

For further information on Eludril mouthwash or any of the Pierre Fabre dental range please contact: Pharma Consumer Care, a division of the Ceuta Healthcare group of companies. Tel: 01202 314824.

Eludril

mouthwash

Product information Uses: Inhibition of plaque. Treatment and prevention of gum inflammation, and management of mouth ulcers and oral candidal infections. **Presentation:** Clear colourless solution containing 0.01% w/v Chlorhexidine gluconate BP, 0.5% w/v Chlorbutanol (hemihydrate) EP. **Dosage and Administration:** As a mouthwash or gargle, dilute 2 to 3 teaspoonfuls in one third of a tumbler of lukewarm water (final dilution 1 in 3 to 1 in 4) and use it 2 or 3 times a day. **Contra-indications:** Patients with known hypersensitivity to any of the ingredients. Not suitable for use in infants. **Precautions:** For oral use only, keep out of eyes - Do not swallow. **Side effects:** Eludril mouthwash is well tolerated but if you experience any unusual symptoms, advise your doctor, dentist or pharmacist immediately. **Retail Price:** 90ml £1.99, 250ml £4.19, 500ml £7.59. **Product Licence Number:** 00603/0012R. **Legal Category:** GSL. **Date of last revision:** March 1997. **Licence Holder:** Pierre Fabre Limited, Hampshire SO23 7DR. **References:** 1. Roques L. J de Parodontol 1991; 4 2. Joelle L. et al. J de Parodontol & d'implantol Orale 1998;16 (3/97): 441-446. 3. Jenkins S. et al. Clin Preventative Dentistry 1989; 11(6): 12 16. 4. Data on file, Ceuta Healthcare. 5. Bonesvill P. J Clin Periodontol 1977; No 5. 6. Vignarajah S. et al. J Clin Periodontol 1989. 7. Ardouin JL. et al. J de Parodontol 1991; 10 (4). 8. Lang P. et al. Journal of Periodontal Research, 1982; 17:101-111. 9. Addy M. et al. Clin Prev Dent Jan 1991; 1 Jan 13, 13-7. 10. Ernst C.P. et al. Quintessence Int 1998; 7 29, 443-8

P&G leads the way with interactive haircare advice

Procter & Gamble is the first company to give personalised haircare advice by TV with the UK's first interactive broadband digital TV advertisement for Pantene Pro-V.

The interactive TV service has just been released to nearly 70,000 Cable & Wireless digital homes in Manchester before potentially being released to the rest of the UK.

By offering consumers more information about their haircare, this service offers an individual diagnosis, based on a brief 'lifestyle' focused questionnaire. It offers a sample of the right Pantene for the viewer's hair type simply by selecting an on-screen box via the remote control.

The on-screen diagnosis and sample is followed up by a letter with more personalised hair advice. E-mail contact can answer further questions.

The fully interactive advertisement has already been seen in France and has been nominated for the coveted Milia d'Or award.

The UK is now the largest interactive TV market in the world - one in five households are expected to connect up within the next year.

Procter & Gamble UK.
Tel: 01932 896000.

Point and shoot with new Advantix

Kodak will launch the first of three new Kodak Advantix cameras in April.

The new improved Kodak Advantix F350 Auto camera will replace the best-selling Kodak Advantix F300 model and is designed for novice picture-takers.

The easy-to-use fixed focus model features an automatic pop-up flash.

Kodak Ltd.
Tel: 01442 261122.

Peach of an idea for Smint

Chemist Brokers is introducing a new peach flavour in its sugar-free Smint mini pastilles range.

Smint Intense Peach contains vitamin C and is the second fruit flavour in the range which is targeted at 18 to 35-year-olds. The range also includes Lemon, Original Cool Mint and Peppermint.

Chemist Brokers.
Tel: 023 9222 2500.

Olvarit plays safe with organics

Nutricia is relaunching its Olvarit baby food range in March as Olvarit Organic. The company is making the move in response to increasing consumer demand for organic weaning foods.

Olvarit Organic will comprise 20 organic varieties with GM-free and pesticide-free ingredients.

The organic recipes will have added emphasis on vegetable ingredients. Thirteen of the 20 varieties are suitable for vegetarians. Further additions are planned for later in the year.

Richard Davies, Nutricia's trading director, comments: "Our consumer research shows that safety is a key concern for mothers. Mums want organic or GM-free baby food but are not necessarily prepared to pay a price premium for it."

The retail prices of the three sizes of Olvarit Organic will be £0.02

higher than the existing Olvarit range (rsp £0.59, £0.71 and £0.99).

The relaunch will be supported by a £1 million press advertising campaign in mother and baby magazines and the national press.

From April, the Cow & Gate jars range will feature a 'no GM ingredients' declaration on pack although these foods will not be organic. Retail prices will be unchanged for this range.

The Cow & Gate jars will be supported by a regional radio campaign scheduled for May.



● The Cow & Gate direct mail programme 'In touch' will be relaunched in March to promote the Olvarit and Cow & Gate quality message to consumers.

Both Olvarit Organic and Cow & Gate jars will be sampled through Bounty to around 500,000 mothers.

Nutricia Ltd.
Tel: 01225 768381.

Launch of Nice 'n Easy blonde shades to dye for



Bristol-Myers is relaunching its Clairol Nice 'n Easy permanent hair colour range and introducing new blonde shades.

The 31 products in the range now come in contemporary new packaging featuring bright photographs of natural looking women.

The range includes four new blonde shades - Dark Blonde, Ultra Light Natural Blonde, Ultra Light Ash Blonde and Ultra Light Champagne. The retail price is £4.99.

Bristol-Myers Co. Ltd.
Tel: 01895 628000.

Imperial Leather Foamburst Gel hits the road

Cussons (UK) is backing its Imperial Leather Foamburst Gel with a £2.5 million support programme.

The initiative has started with a poster campaign that will run throughout March. The posters feature images of a model in the shower using 'normal' shower gel and the same model again enjoying a great shower experience with Foamburst.

In March, a door-to-door drop will deliver six million coupons giving up to £0.50 off to promote trial. And trial size cans will be given away in the top ten shopping centres nationwide.

Cussons (UK) Ltd.
Tel: 0161 491 8000.

ON TV NEXT WEEK

Beechams: U

Canesten Once: G, Y, C, CAR, TT, C4

Clearblue Home Pregnancy Test: G, A, W

Gillette Mach3 razor: All areas

Movelat Relief: B, G, A, HTV, M

Nicorette: All areas

Niquitin CQ: All areas except U, CTV, C4

Nytol: All areas

Olbis: C5

Propain: B, G, M, LWT, TT

Sabalin: CAR, C, M, C4, C5

Sensodyne toothpaste: All areas

Setlers: All areas

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

For when life
becomes hard
to swallow...

...a product
that isn't.



LOMONT™ is the only licensed oral liquid Lofepramine available to treat the symptoms of depressive illness*

- Useful when depression is accompanied by lethargy**
- Easy to swallow
- Ready to use liquid
- Helps to ensure patient compliance
- 70mg/5ml strength
- Pleasant cherry flavour
- Sugar free

* BNF March 1999 ** BMA New guide to medicines and drugs



THE SPECIALISTS IN ORAL LIQUID MEDICINES

Abbreviated Prescribing Information

Presentation: A white to off white opaque suspension with odour of cherry containing 70mg Lofepramine Hydrochloride, (equivalent to 70mg Lofepramine base) in each 5ml. **Uses:** For the treatment of symptoms of depressive illness. **Posology and Method of Administration:** The usual dose for adults is 70mg twice daily or three times daily depending upon patient response. Elderly patients may respond to lower doses in some cases. Lomont is not recommended for children. **Contra-indications:** Lofepramine should not be used in patients hypersensitive to dibenzazepines, in mania, severe liver impairment and/or severe renal impairment, heart block, cardiac arrhythmias, or during the recovery phase following a myocardial infarction. **Special Warnings and Precautions for Use:** Lofepramine should be used with caution in patients with cardiovascular disease, impaired liver or renal function, narrow angle glaucoma, symptoms suggestive of prostatic hypertrophy, a history of epilepsy or recent convulsions, hyperthyroidism, blood dyscrasias or porphyria. **Interactions with other Medicaments and other forms of Interaction:** Lofepramine should not be administered concurrently with or within 2 weeks of cessation of therapy of monoamine oxidase inhibitors. It should then be introduced cautiously using a low initial dosage. Lofepramine should not be given with sympathomimetic agents, central nervous depressants including alcohol or thyroid hormone therapy since its effects may be potentiated. Lofepramine may decrease the antihypertensive effect of adrenergic neurone-blocking drugs; it is therefore advisable to review this form of antihypertensive therapy during treatment. Anaesthetics given during tricyclic antidepressant therapy may increase the risk of arrhythmias and hypotension. If surgery is necessary, the anaesthetist should be informed that a patient is being so treated. Barbiturates may increase the rate of metabolism. **Pregnancy and Lactation:** The safety of Lofepramine for use during pregnancy has not been established. There is evidence of harmful effects in pregnancy in animals when high doses are given. Lofepramine has been shown to be excreted in breast milk. The administration of Lofepramine in pregnancy and during breast feeding therefore, is not advised unless there are compelling medical reasons. Adverse effects such as withdrawal symptoms, respiratory depression and agitation have been reported in neonates whose mothers have taken tricyclic antidepressants during the last trimester of pregnancy. **Effects on Ability to Drive and Use Machines:** Ability to drive a car and operate machinery may be affected. Therefore caution should be exercised initially until the individual reaction to treatment is known. **Undesirable Effects:** Lofepramine has been shown to be well tolerated and side-effects, when they occur, tend to be mild. Comparative clinical trials have shown that Lofepramine is associated with a low incidence of anticholinergic side effects. The following side effects have been reported with Lofepramine: Cardiovascular: hypotension, tachycardia. CNS and neuromuscular: dizziness, drowsiness, agitation, confusion, headache, malaise, paraesthesia, tinnitus and rarely hypomania and convulsions. Anticholinergic: dryness of mouth, constipation, disturbances of accommodation, urinary hesitancy, urinary retention, sweating and tremor. Allergic: skin rash, allergic skin reactions. Gastro-intestinal: nausea, vomiting. Endocrine: rarely, inappropriate secretion of antidiuretic hormone, interference with sexual function. Haematological/biochemical: rarely, bone marrow depression including an isolated report of: agranulocytosis, eosinophilia, granulocytopenia, leucopenia, pancytopenia, thrombocytopenia. Rises in liver enzymes have been observed in some patients usually occurring within the first three months of starting therapy. There have been a small number of reports of jaundice. These reactions are reversible on cessation of therapy. The following adverse effects have been encountered in patients under treatment with tricyclic antidepressants and should therefore be considered as theoretical hazards of Lofepramine even in the absence of substantiation: psychotic manifestations including mania and paranoid delusions may be exacerbated during treatment with tricyclic antidepressants; withdrawal symptoms may occur on abrupt cessation of therapy and acute insomnia, irritability and excessive perspiration. **Overdose:** Treatment of overdose is symptomatic and supportive. It should include immediate gastric lavage and routine close monitoring of cardiac function. Reports of overdose with Lofepramine, with fatalities ranging from 0.7g up to 6.72g, have shown no serious sequelae directly attributable to the drug. **Shelf Life:** 24 months. **Special Precautions for Storage:** Store between 4°C and 25°C. Protect from light. **Pack Sizes and NHS Prices:** 150ml £23.64. **Instruction for Use/Handling:** Keep out of the reach of children. Shake before use. **Marketing Authorisation Number:** 0427/0094. **Marketing Authorisation Holder:** Rosemont Pharmaceuticals Ltd, Rosemont House, Yorkdale Industrial Park, Braithwaite Street, Leeds, LS11 9XE. **Date of Preparation:** June 1999

Suit yourself

No Smoking Day returns this year on March 8. But 17 years after it was first launched, are there any new choices in smoking cessation aids and do they cater for individual needs?

The battle of the sexes has filtered through to the arena of smoking cessation. New research from psychologists at Goldsmith's College in London has found that women respond better to nicotine replacement therapy than men do.

The researchers compared motivation in male and female smokers and non-smokers (controls). They found that women who had abstained from cigarettes for ten hours were less receptive to financial

incentives than the controls but became more motivated when nicotine patches or cigarettes were introduced. Men on the other hand showed no differences in motivation before or after nicotine patches or cigarettes were introduced.

These findings have prompted GPs

to call for more innovative approaches to smoking cessation, ones that can be tailored to specific patient groups. The availability of nicotine replacement therapy in its different formats answers this need to some extent. Glaxo Wellcome's Zyban, when it is launched in the UK, will offer

quitters an entirely different approach to smoking cessation. Zyban (bupropion), which was filed for European marketing approval last March, is a noradrenaline re-uptake

"Seventy per cent of smokers say they want to give up. The problem is that it can be very hard, but there has never been a better time to try..."

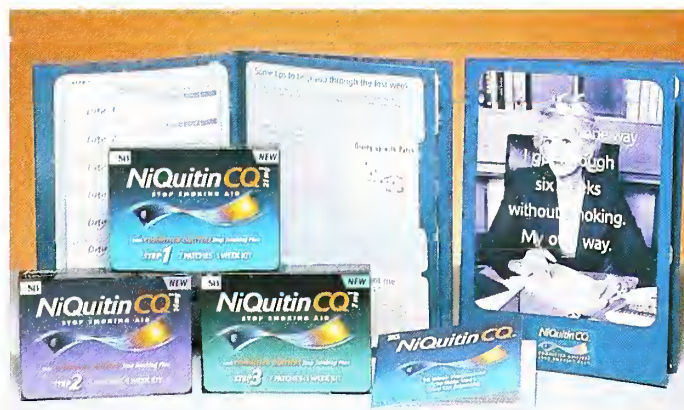
Chance to reap the rewards

Calling all pharmacists involved in smoking cessation! Fancy a chance of being rewarded for your efforts? The Pharmacy Healthcare Scheme and No Smoking Day have joined forces and launched a competition to find the pharmacy offering the highest standard of advice and support to people getting ready to stop smoking.

The prize is £150 gift voucher and a certificate of commendation. And it's not too late to enter – the competition forms don't need to be back until March 20.

Details of the competition were sent out earlier this month with the No Smoking Day packs to all pharmacies in England, Wales and Northern Ireland. The packs were distributed from the Pharmacy Healthcare Scheme and included leaflets and details of the campaign.

To register for a free pack call the No Smoking Day Campaign Office on 020 7916 8070 or e-mail no.smoking.day@virgin.net. The web address is www.no-smoking-day.org.uk

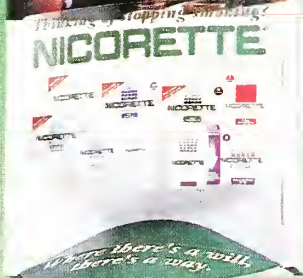
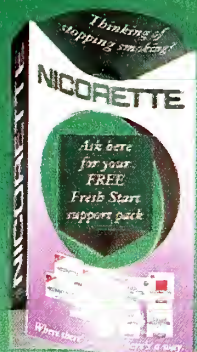


SmithKline Beecham's Niquitin CQ: patches and support

inhibitor which acts directly on the CNS addiction pathways, decreasing cravings and reducing the effects of withdrawal.

One tobacco company has come up with its own solution to reducing the health hazards of smoking. British American Tobacco has been testing a new 'safer' cigarette, which uses tobacco that has been treated to remove the carcinogenic nitrosamines toxins. The innovation has, not surprisingly, been dismissed by the medical profession.

Continued on P20 →



Fresh Start
Complete Quitters
Support Programme.

Eye-catching
in-store P-O-S.

Massive £6.5m
TV & press support.

The widest
product range.

It all
stacks up
to No.1.

NICORETTE®

Contains nicotine

Where there's a will, there's a way.

Smoking cessation products abridged prescribing
Presentation: Inhalator Inhalation cartridge containing
nicotine for oromucosal use via a mouthpiece. Microtab:
β-cyclodextrin complex 17.4mg, equivalent to 2mg
Indications: Inhalator Nicotine dependence and symptom
smoking cessation. Microtab: Intended to help smokers
to give up smoking but who experience difficulty in doing
so due to their dependence on nicotine. Dosage &
Administration: Inhalator Adults & elderly – 6-12 cartridges/day
in 3 doses. Half no. of cartridges in weeks 9 & 10. Stop usage in
week 12. Children – contraindicated below age 18 years.
Adults & Elderly – The tablet is used sub-lingually with a
reduced dose of one tablet per hour or, for heavy smokers
(more than 20 cigarettes per day), two tablets per hour. Most

smokers require 8-12 or 16-24 tablets per day, not to exceed
40 tablets. Duration of treatment is individual but between 3 & 6
months is recommended. The nicotine dose should be gradually
reduced by decreasing the total number of tablets used
per day. Treatment should be stopped when daily consumption
is down to one or two tablets. Children – Contraindicated below
age 18 years. Precautions: Inhalator & Microtab Peptic ulcer,
Angina pectoris, Recent myocardial infarction, Serious cardiac
arrhythmias, Systemic hypertension, Peripheral vascular disease,
Diabetes mellitus, Hyperthyroidism, Pheochromocytoma,
Hepatic, Gastric or Renal disease. Contra-indications: Inhalator &
Microtab: Pregnancy & Lactation. Inhalator Non tobacco users,
intolerance to nicotine or menthol. Special Warnings: Inhalator:
Cease smoking before use. Best used at room temperature.

Adverse Effects: Inhalator: Most commonly cough, irritation of
nose, throat and mouth, gastro-intestinal symptoms or anxiety.
Microtab: Most commonly heartburn, mouth irritation, hiccups,
nausea, dizziness, unpleasant taste, headache, sensation
of lump in throat. Pharmaceutical Precautions: Inhalator &
Microtab: Store below 30°C. Legal Category: Inhalator &
Microtab: [P] Package Quantities & Cost (all trade prices correct
at time of printing): Inhalator: 6-pack – (£3.39), 42-pack – (£11.37)
(PL0022/0163). Microtab: 30-pack – (£3.57), 105-pack – (£9.84)
(PL0032/0239). PL Holders: Pharmacia Laboratories Ltd.:
Inhalator. Pharmacia & Upjohn Ltd.: Microtab For further information,
contact Pharmacia & Upjohn Ltd., Davy Avenue, Milton Keynes,
MK5 8PH. Tel. 01908 66 11 01.
Date of preparation: November 1999.



Pharmacia
& Upjohn

Pharmacy support in Worcester

Five pharmacies in Worcester have been enrolled on a pilot scheme offering smokers support in giving up smoking.

D G Pharmacy, Ogles of St John, Astwood Pharmacy, Giles Pharmacy, Worndon and Kitsons are all placed in the city centre where quitters who work in the area can have easy access throughout the week. As part of the smoking cessation service, the pharmacies are offering advice on the use of nicotine replacement therapy, information booklets to take away and carbon monoxide tests. The test involves blowing into a Smokerlyser (carbon monoxide monitor) to measure the carbon monoxide concentration in the lungs. Readings indicate the level of personal damage from smoking. Carbon monoxide is one of the main constituents of tobacco smoke and affects the heart, blood vessels and lungs.

All pharmacists have received the appropriate training and there are plans to extend the scheme to other pharmacies in Worcester once the results of the pilot scheme have been evaluated. Neill Bucktin, chief officer of Worcester City Primary Care Group, said: "Smoking is still the single most important avoidable cause of chronic ill-health and premature death in developed countries. In the east of the City, the smoking rates are significantly higher than the national average. It, therefore, makes good sense that we direct our efforts in this area."



Nicorette is supporting the 'Quit & Win' competition

→ Continued from p18

Marketing

Pharmacia & Upjohn is offering £5,000 to the overall winner of the 'Quit & Win' competition, which will be launched on No Smoking Day. The competition is an international initiative which aims to encourage people to give up smoking. Regional prizes of £1,000 are also on offer. Support packs for Nicorette and application forms are being distributed through pharmacies as the company believes pharmacists are the most important source to recruit competition entrants. Winners will be announced on World No Tobacco Day.

Nicorette marketing manager Alison Williamson said: "No Smoking Day is an excellent initiative to encourage people to stop smoking. Nicorette's support for 'Quit & Win' is designed to offer smokers an extra incentive to give up and stay smoke free. Nicorette is committed to encouraging smokers to visit their pharmacists. 'Quit & Win' provides an excellent opportunity

for pharmacists to provide advice on nicotine replacement therapy products and support to customers throughout the campaign."

The company is also investing £2 million in advertising the Nicorette brand in March on TV and cross-track advert sites in the 50 major London Underground venues.

Nicotinell's 'Feel Free' campaign is gathering force as No Smoking Day approaches. Nicotinell representatives have hand delivered some 2,000 smoking cessation packs and merchandise to pharmacies, and have a further 1,000 packs left which will be sent out to requests on a first come, first serve basis.

The pack contains information for pharmacists and assistants, together with merchandising material, which includes a one-metre banner for the window with the slogan 'Quit Today', as well as door stickers and balloons. Novartis is also offering T-shirts for assistants to wear saying 'Feel free, ask me'. The hotline number for pharmacists



Nicotinell is stepping up its 'Feel Free' campaign leading up to No Smoking Day

wanting to obtain a Nicotinell pack is 01403 323945.

In terms of innovation, SmithKline Beecham would claim that its NiQuitin CQ patches are different to others. According to the company, clinical research conducted by SmithKline Beecham suggests that not all nicotine patches offer the same level of support to smokers. The four key advantages of NiQuitin CQ, according to the company, are speed of working, effectiveness at managing cravings, new rate controlling technology and a clinically proven personalised behavioural support plan.

Don't stop giving up

The Government's anti-smoking campaign launched just before Christmas saw a record number of smokers calling its helpline. The 'Don't Give Up Giving Up' has used adverts for smokers by smokers to get the message across. Over 36,000 smokers had called the number for advice and support by January 7, up over 250 per cent on the previous year. Public health minister Yvette Cooper said: "Seventy per cent of smokers say they want to give up. The problem is that it can be very hard. But there has never been a better time to try to give up."

The new Government campaign, which includes advertising, is part of a three year campaign to cut smoking and reduce the related incidence of lung cancer, heart disease and other fatal diseases.

The Quitline run by the charity Quit is 0800 169 0 169.

MEDICAL ROUNDUP

Acupuncture is needless

Acupuncture provides smokers no relief when it comes to giving up, says a new paper in Tobacco Control.

A review of all papers published in the last 20 years found no benefits of using acupuncture in nicotine withdrawal. Although 20 per cent of smokers gave immediately after acupuncture, only 3 per cent remained non-smokers a year later.

The researchers believe the initial beneficial effect may be placebo related rather than physiological. Nevertheless, acupuncture was considered to be as effective as behaviour therapy and better than no intervention at all. It also showed that the smokers were keen to give up and were serious about giving up, which is an important step in smoking cessation.

Nicotine on a par with hard drugs

Nicotine addiction has been recognised as a medical and social problem on a par with hard drug addiction by a major report from the Royal College of Practitioners.

'Nicotine Addiction in Britain' now wants to see a new approach to nicotine management, with smoking cessation services and nicotine replacement therapy being made available through the NHS.

Action on Smoking and Health has welcomed the report. ASH director Clive Bates said: "The RCP is basically saying that society should wake up and recognise that it has a deadly and pervasive addictive drug syndrome covering quarter of the adult population and that we should stop pretending that cigarettes are just

some innocuous or quirky lifestyle habit."

The report also damns low tar cigarettes. It says branding such 'light', 'mild' and other words or imagery that imply a reduced health risk with low tar should be banned unless or until there is convincing evidence of reduced health risks.

The report also questions the measurements the tobacco industry uses to claim their products are low in tar. A new EU directive on regulation of tar and nicotine is under negotiation. The RCP report means the regulation will have to be modified to remove the focus on machine measured tar-yields as the main basis of relating cigarettes, says ASH. 'Nicotine Addiction in Britain' costs £16.50 (inc p&p) and is available from the Publications Unit at the RCP on 020 7935 1174, ext 358.



No Smoking Day will soon be here

No Smoking Day is Wednesday 8th March and smokers across the country are already preparing. And with your support, they can get their best chance

to succeed. There'll also be a big campaign to remind smokers to visit their pharmacy for advice about NiQuitin CQ and giving up smoking.

Together we can help people make a commitment to quit.

After all, it's more than just one day. It's the first day.



the
cancer
research
campaign

However long a person has smoked, quitting is always a benefit

B

NiQuitin CQ, CQ and Committed Quitters are trade marks

NiQuitin CQ.
Nicotine
STOP SMOKING AID



When women
need a cream
that cools.



**Canesten 2% Thrush Cream
provides rapid relief.**

The strength of Canesten Thrush Cream has been doubled, to 2%, to provide effective relief from external itching. Its compact size makes it easy to carry around, and when used with Canesten Once the combination cools and clears thrush fast.



Clotrimazole BP 2%

What can cool thrush fast? Canesten can.

Product information: Canesten® Thrush Cream contains clotrimazole 2% w/w. **Indications:** Treatment of candidal vulvitis. To be used as an adjunct to treatment of candidal vaginitis. Can also be used for treatment of the sexual partner's penis to prevent re-infection if considered appropriate by the patient's doctor. **Dosage and Administration Adults:** Apply to the vulva and surrounding area two or three times daily and rub in gently. Treatment should be continued until symptoms of the infection disappear. If after concomitant treatment of the vaginitis, the symptoms do not improve within seven days, the patient should consult a physician. If the cream is being used for treatment of the sexual partner's penis it should be applied two or three times daily for two weeks. **Children:** There is no clinical experience in the use of Canesten Thrush Cream in children. **Contra-indications:** Hypersensitivity to clotrimazole. **Warnings and Precautions:** A physician should be consulted if this is the first time the patient has experienced symptoms of candidal vaginitis or if any of the following are applicable: more than two infections of candidal vaginitis in the last six months; previous history of or exposure to partner with a sexually transmitted disease; pregnancy or suspected pregnancy; aged under 16 or over 60 years; known hypersensitivity to imidazoles or other vaginal antifungal products. Medical advice should be sought if the patient has any of the following symptoms: irregular vaginal bleeding; abnormal vaginal bleeding or a blood stained discharge; vulval or vaginal ulcers, blisters or sores; lower abdominal pain or dysuria; any adverse events such as redness, irritation or swelling associated with the treatment; fever or chills; nausea or vomiting; diarrhoea; foul smelling vaginal discharge. This product may damage latex contraceptives therefore patients should be advised to use alternative precautions for at least five days after using the cream. **Side-effects:** Rarely, local mild burning or irritation immediately after use. Hypersensitivity reactions may occur. **Use in Pregnancy:** Only when considered necessary by a physician. **Cost:** 20g tube, £4.49. **MA Number:** PL 0010/0077. **MA Holder:** Bayer plc, Consumer Care Division, Newbury, Berkshire, RG14 1JA. **Legal Category:** P. **Date of Preparation:** December 1999.

Sue Noyce is chief officer for St Helens North Primary Care Group, where she leads the management team and is responsible for all aspects of the PCG's work. She looks at the increasing role pharmacists are playing in PCGs

Prescribing support to PCGs

Pharmacists have long been the custodians of hospital prescribing budgets, their work on the efficient and effective use of medicines being recognised in Department of Health guidance in 1988. Since the early 1990s pharmaceutical advisers to family health services authorities (FHSAs) and subsequently health authorities, have established themselves as lead players in managing the primary care prescribing resource and influencing prescribing practice.

The establishment of primary care groups (PCGs) last April heralded an unparalleled period of NHS organisational change. Alongside this development, primary care prescribing became fully cash-limited for the first time. The risks and opportunities presented were quick to be recognised, and the need identified for dedicated pharmacist support to manage prescribing within the earmarked allocation.

Prescribing budgets

Typically a PCG of 100,000 population has a primary care prescribing budget of £10m. Even a 1 per cent saving on this could fund significant service developments. Conversely, a 5 per cent overspend would effectively preclude further investment in services the following year.

Revenue cash-limits devolved to health authorities annually are determined through a weighted capitation formula, which takes some account of local patterns of morbidity and deprivation. Over a number of years, health authorities and their PCGs will be moved towards a 'fair share' of the national allocation through the application of differential growth. Under this system some lower spending areas will be 'net gainers' and higher spending areas 'net losers'.

From April last year a unified budget has covered hospital and community health services (HCHS), prescribing and the cash-limited part of general medical services (cl-GMS), which supports the cost of GP



Jason Bennion

practice staff, computers etc. The cl-GMS element cannot be reduced below a 'floor' level at which the budget is secure, although it can be increased. The interplay is thus between HCHS and prescribing, in that any overspend on the prescribing budget can only be offset by reducing the funding available for HCHS.

Setting the allocation for prescribing at the beginning of each year is an important part of service planning for the year ahead. Allocating too much to prescribing would seriously compromise the ability to invest in secondary care services. The implications of failing to

manage within the earmarked sum are potentially even more damaging.

Among the many uncertainties in setting and sustaining prescribing budgets in this first year of PCGs, the key issues centred on:

- Would the lower growth in prescribing costs evident in 1998/99 be sustained into the current year?
- What would be the precise impact on prescribing costs of the discount claw-back applied to community pharmacist reimbursement?
- What would be the incentives for GPs to prescribe economically post-fundholding?
- How readily would hospital

personnel grasp the implications of overspending the prescribing element of unified budgets on funding of hospital services, and adapt their policies and practices accordingly?

In the event, these imponderables paled into insignificance against the unforeseen bombshell of generic shortages which pushed large volumes of prescribing into Category D! Against this background it is difficult to overstate the importance to PCGs of engaging expertise in the management of prescribing.

Continued on P24 →

→ Continued from P23

Prescribing support

A variety of models for pharmacists working in PCGs are emerging, although most have appointed a half to full-time pharmacist to manage prescribing in support of the 'prescribing lead' GP.

The National Prescribing Centre has on its database, approximately 580 pharmacists identified as working in some capacity within the 480 PCGs in England. A number of these appointments have responsibilities which are wider than prescribing and relate for example, to clinical governance programmes.

There are incentives for GPs to manage their prescribing. One of the earliest to emerge is the wish to extend locally provided services established under fundholding (eg physiotherapy, chiropody) to all practices.

Freeing up resources within the unified budget is most readily achieved from within the prescribing allocation. The demand for prescribing support is consequently growing fast, and some PCGs now have a team of pharmacists, or are establishing links with local community pharmacists, to provide continuity of input at practice level.

In effect, therefore, there are two different roles for pharmacists in PCGs. One involves the analysis of prescribing data across the PCGs and advising the board on the best strategy to manage the resource.

The other involves a more hands-on approach in practices, developing and implementing policies for repeat prescribing, reviewing repeat medication and implementing programmes of evidence-based care - for example, in relation to the prescribing of statins in ischaemic heart disease.

The key determinants of success are not so much what background these pharmacists come from, but the knowledge and skills that they bring to the role, and their affordability. There is no restriction on the number of pharmacists who may be employed by a PCG as they fall outside of the politically sensitive management costs.

Many PCGs are using the prescribing allocation to fund posts on the expectation that this will, at the very least, be self-financing. There remains a discrepancy, however, in the cost of employing a pharmacist at Whitley rates and the sessional rate charged by most independent contractors, which will tend to favour PCGs seeking to make their own appointments.

Who is suitable?

Pharmacists working for PCGs not only need to be experienced professionals, they also need to be effective communicators, employing a range of tactics to meet the diverse needs of primary care. The work within practices is helped by sound policy development at PCG board level, in setting achievable practice level prescribing budgets and incentives.

Nevertheless, the real change will be delivered through a range of interventions at practice level. The simple cost-effective prescribing switches and attention to repeat prescribing systems constitute a 'quick fix' approach which can best be delivered by pharmacists with a knowledge of drug costs and primary care prescribing systems.

"A mix of the traditional knowledge and skills of community and hospital pharmacists is required"

Detailed clinical knowledge will be needed to support guideline implementation or polypharmacy review. In particular, skills in interpreting diagnostic and clinical chemistry data are essential - likely to be acquired through a hospital clinical diploma or equivalent experience.

Hence, a mix of the traditional knowledge and skills of community and hospital pharmacists is required, and it is unlikely that a pharmacist will meet all the requirements from day one. Bringing together a team of pharmacists from different backgrounds may be the optimal approach.

As well as their pharmaceutical background, pharmacists working in PCGs need to see medicines in the context of total clinical care, be aware of ethical and health economic aspects of drug treatment, and work constructively as part of a multidisciplinary team.

Emerging roles

As PCGs move towards trust status, it is likely that the senior pharmacists' role will follow the route of HA pharmaceutical advisers. It is likely to expand beyond prescribing and clinical management to commissioning and developing a wide range of services, drawing on their generalist clinical appreciation to work with hospital and community specialists, and social and voluntary agencies, in



Sue Noyce

establishing pathways of care. Similar patterns are evident in the US, where pharmacists are integrally involved in setting up managed care programmes.

Because of their positioning as senior members of the management team, PCG pharmacists will inevitably find themselves called upon to advise on pharmaceutical services development and workforce planning, as PCGs and trusts move into the driving seat of local commissioning.

It can be envisaged, as for health authority pharmacists, that in due course appointments towards the top of the Whitley pay scale will be justified in relation to the size of budget managed and the range of responsibilities undertaken. There is an attractive career structure emerging which should give rise to reconsideration of the pre- and post-registration arrangements for training and development for pharmacists across primary and secondary care.

Pharmacist support

A great deal of developmental support for PCG pharmacists can be acquired through effective liaison with HA pharmacist colleagues, and in the early days of PCGs such relationships will prove invaluable.

The National Prescribing Centre, which formerly supported the prescribing needs of HA medical and pharmaceutical advisers, has extended its coverage to PCG pharmacists, offering valuable education, information and skills development.

Other local and national peer group networks will also provide important opportunities to discuss approaches to common problems for pharmacists who are otherwise working in relative isolation.

Hopefully, the full resources of the pharmacy profession will ensure that pharmacists within PCG/Ts are given the backing they need to offer real professional leadership in this exciting area of NHS development.

IHC(88)54: The Way Forward for Hospital Pharmaceutical Services.

Ralgex range product information.

Active ingredients: Cream: Glycol

Monosalicylate 10%, Methyl Nicotinate 1%, Capsicum Oleoresin 0.12%. *Heat Spray*: Glycol Monosalicylate 6%, Methyl Nicotinate 1.6%.

Freeze Spray: Isopentane 67.77%,

Methoxymethane 14.41%, Glycol

Monosalicylate 10%. *Stick*: Glycol Salicylate

3.01%, Ethyl Salicylate 3.01%, Methyl Salicylate

0.60%, Capsicin 1.96%, Menthol 6.19%.

Ibuprofen Gel: Ibuprofen 5% **Uses**: For the symptomatic relief of muscular pain and stiffness, including backache, sciatica, lumbago, fibrositis and rheumatic pain, sprains, strains and stiffness. **Dosage**:

Cream: Adults, the elderly and children aged

12 and over: after trial use, rub into skin up to

4 times daily. *Stick*: Adults, the elderly and

children 12 years and over: clean painful area,

apply gently and liberally. Do not rub or

massage. *Freeze and Heat Spray*: Adults,

elderly and children aged 5 and over: after trial

use, holding container about 6 inches from

skin and pointing at the site of pain, spray in 2-

3 bursts - may be applied up to 4 times daily.

Gel: Adults, the elderly and children aged 12

years and over: recommended dose is 50-

125mg 3-4 times daily. Not to be repeated

more than every 4 hours and no more than 4

times in any 24 hour period.

Contraindications: *Heat/Freeze Spray, Stick*

and *Cream*: Hypersensitivity to salicylates or

any of the other ingredients, injuries involving

broken skin. *Gel*: Hypersensitivity to

ibuprofen, aspirin or other NSAIDs, including

patients predisposed to asthma, rhinitis or

urticaria. **Precautions**: Do not exceed stated

dose. For external use only. Keep out of reach

of children, if symptoms persist consult your

doctor or pharmacist. Do not apply on

sensitive body areas or broken skin.

Heat/Freeze Spray: Do not spray on head or

neck, avoid inhalation and contact with the

eyes. Extremely flammable. **Pharmaceutical**

precautions: *Cream, Gel, Stick*: Store below

25°C. *Sprays*: Protect from sunlight and do not

expose to temperatures exceeding 50°C.

Licence holder: *Cream, Sprays, Stick*: Seton

Products Ltd (a wholly owned subsidiary of

SSL International plc), Tubiton House, Oldham,

OL1 3HS. *Gel*: Seton Healthcare Group

(a wholly owned subsidiary of SSL International

plc). **PL number/legal status/price**: *Ralgex*

Cream: PL11314/0071 GSL 40g rsp £1.95,

100g rsp £3.65. *Ralgex Heat Spray*:

PL11314/0075 GSL 125g rsp £2.85. *Ralgex*

Freeze Spray: PL11314/0072 GSL 125g rsp

£2.95. *Ralgex Stick*: PL11314/0074 GSL 32g

rsp £2.29. *Ralgex Ibuprofen Gel*:

PL0023/0050 GSL 30g rsp £3.65. **Date of**

Preparation: January 2000. Further

information available on request from the

Product Licence Holder.

Ralgex for effective pain relief

The OTC topical muscular pain relief market in pharmacy is currently worth £21.2 million¹ and continues to be dynamic, with an ageing population, an increase in leisure and sporting activities combined with a preference for topical applications.

At present, 27 million people participate in sporting and leisure activities each year in the UK with 29 million injuries as a result². In addition, two thirds of the UK adult population experience back pain every year³, many of whom require pain relief.

Traditional rubs and creams are driving the topical muscular pain relief market with a 2% year-on-year growth and a market value of £6.5 million, while topical ibuprofen products hold the largest market share worth £7.5million¹.

Ralgex's strong heritage
Ralgex, SSL International's range of topical muscular pain relief products, is an established name within the market and well known by sports enthusiasts for offering muscular pain relief both before and after sporting activities. The brand is also synonymous with instant effective relief from everyday muscular aches and pains.

The brand has a very strong heritage and is celebrating its 70th anniversary this year with the Ralgex Stick, which was first introduced in the 1930s. The Ralgex Stick remains unique today as the only branded product of its kind in the market.

Ralgex Cream was launched in



the 1960s and Ralgex Heat and Freeze Spray variants were introduced in the 1980s. The latest addition to the range is the Ibuprofen Gel, which was launched in 1998 to capitalise on the topical ibuprofen market.

A complete range

The range combines powerful pain relieving ingredients to provide effective topical relief in variants to suit each individual's

needs. Its topical application means Ralgex works effectively by concentrating the painkilling action on the affected area.

Application of **Ralgex Heat Treatments** provide long lasting, warming relief from rheumatic and muscular pain, sprains and strains and is available in three variants: Low Odour Spray, Stick and Cream. **Ralgex Cream** boasts an effective triple action formula

with a topical analgesic to soothe pain combined with an anti-inflammatory agent. It also contains a rubefacient/warming agent, as well as a counter-irritant with anaesthetic properties which both create a warming sensation. This improves blood circulation in the affected area and so speeds up the recovery process.

Ralgex Freeze Spray is particularly useful for the relief of sprains, strains and bruising associated with sports injuries as it offers immediate cooling relief from pain and can help reduce swelling. In fact, Ralgex Freeze Spray was the first cooling spray to contain a long lasting topical analgesic, relieving muscular pain and stiffness following sporting activities. The product is also indicated for backache, sciatica, lumbago and rheumatic pain.

Ralgex Ibuprofen Gel targets the dynamic £7.5 million OTC topical ibuprofen market¹. Containing 5% ibuprofen, Ralgex Gel is indicated for the relief of rheumatic pain, muscular aches, pains and swellings such as strains, sprains and sports injuries. It can also help soothe pain associated with non-serious arthritic conditions.

References:

- 1 IMS.MAT October 1999
- 2 Sports Council, 1999
- 3 National Back Pain Association, 1999

Ralgex – tried and trusted

1930 Launch of Ralgex Stick

1960 Introduction of Ralgex Cream

1980 Ralgex Heat and Freeze Spray are available on the market

1998 Ibuprofen Gel is launched

In the first of two articles proposing a radical change to the way pharmacists might be remunerated, health economist **Dr Darrin Baines** sets out the reasons for why pharmacy contractors are where they are now

Constrained by our past?

The time for radical change in community pharmacy is long overdue. The system is outdated and has failed to remove the constraints of its past. Its problems cannot be resolved through closer working with GPs, or by a greater emphasis on meeting consumer needs. More fundamental changes are required. The whole system needs to be dismantled and rebuilt in a completely different way. The result, however, will be a form of community pharmacy, but not as we know it.

Community origins

Community pharmacy in the UK has its origins in the mid-1700s, when chemists and druggists began to appear and to compete with their professional rivals, the apothecaries. Competition between the two groups encouraged each to seek a comparative advantage over the other. As a result, apothecaries increased their emphasis on medical practice and eventually became GPs.

Chemists and druggists fought for market share by developing the retail side of their activities and by locating themselves within easy to access local shops. Inadequacies in the public transport system meant that practitioners and pharmacists who did not locate near their patients were often forced out of business.

The separation of general practice from community pharmacy led to a professional split between those trained to provide general medical services and those specifically trained to oversee the dispensing of drugs. The National Insurance Scheme, and later the NHS, institutionalised this split by introducing separate

"Separation of community pharmacy from general practice means that doctors are unable to monitor whether patients have cashed their scripts"

organisational and financial arrangements for these activities.

Under the National Insurance Scheme, practitioners and pharmacists had to register with separate lists before they could provide patient services. Practitioners were also remunerated differently from pharmacists, with the former being paid for each insured patient registered with them and the latter being paid for each drug they dispensed. As a result, the system attached patients to practitioners, but gave pharmacists little control over

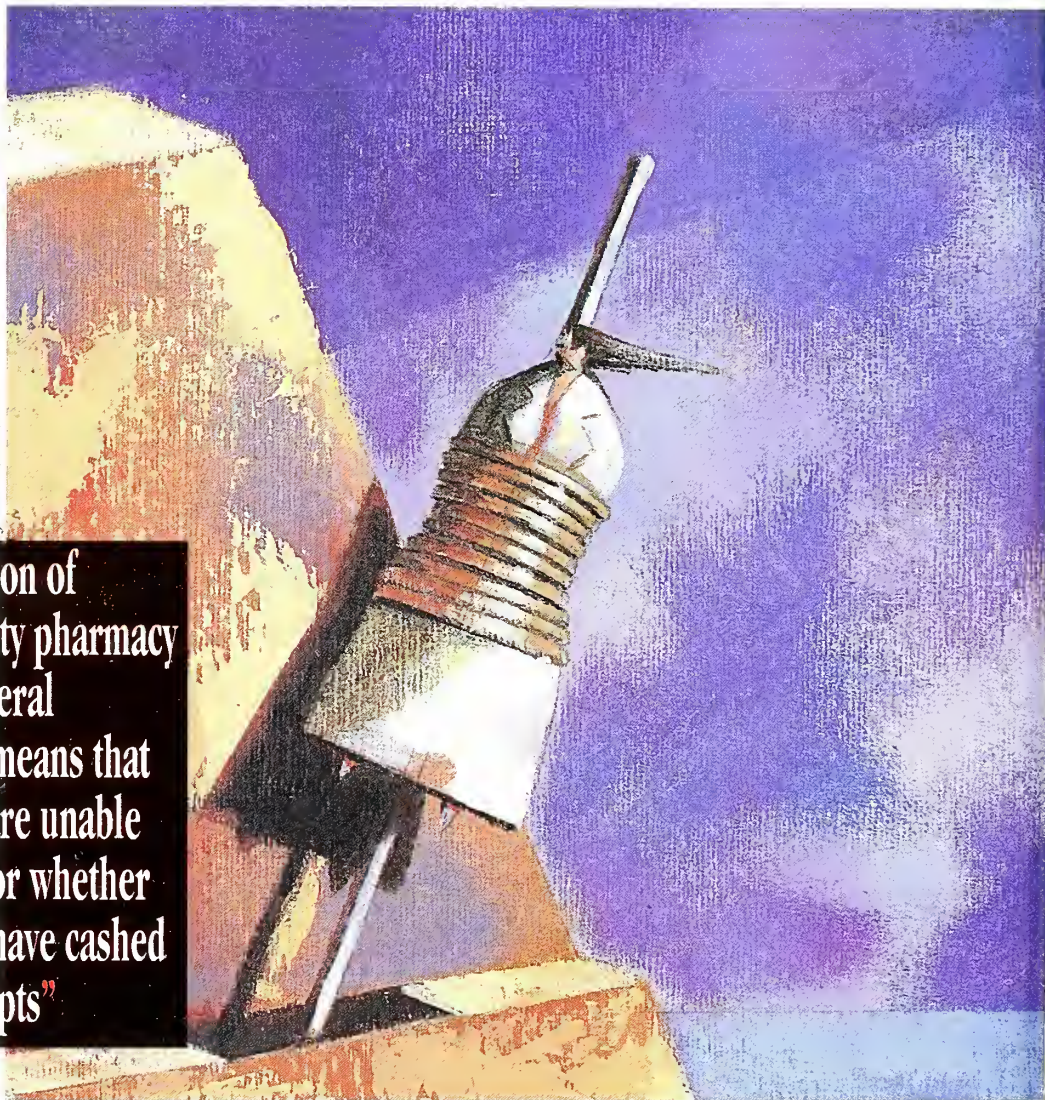
anything other than the dispensing of drugs.

The NHS and you

The introduction of the NHS effectively ended private practice for GPs. Pharmacists, on the other hand, were part funded by their NHS dispensing fees and supplemented their incomes through their private, retail activities. As the NHS was introduced to provide access to healthcare services for the whole population, one of the first tasks faced by the system was how to encourage

practitioners and pharmacists to work in areas that had not previously been financially viable. Generous incentives were offered to doctors to locate in new areas, while pharmacists were expected to part finance their moves through their own retail activities.

Although pharmacists faced differing economic conditions, their political leaders negotiated one national contract and terms of service for all community pharmacies. The national negotiators for family doctor



Jason Bonilton

Procter & Gamble

*Procter & Gamble UK
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Tel: (01932) 896000 Fax: (01932) 896200*

25th February, 2000.

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Procter & Gamble UK has consistently sought new and innovative ways of developing its business with community pharmacies in the UK. We seek to achieve this by ensuring we are constantly adjusting our strategies to match the business environment within which we all operate.

One trend that is of increasing importance is the growth of Virtual Chains – Numark, Vantage and Unichem CPI – and the major buying groups – Nucare, Avicenna and CAMRx. In order to work more effectively with yourselves and these organisations, we will be refocusing the traditional role of our sales representatives.

From 1st March, 2000 we will no longer operate through a retail sales team. Instead we will concentrate our resources in supporting community pharmacies through a unique structure of Wholesale, Regional Account and Virtual Chain business teams. This new structure will ensure that we are able to:

- deliver business-building programmes, promotional activity and new product launches into every UK pharmacy
- better equip our people with the necessary specialist skills to support these programmes

In making our decision to instigate these changes, we are also thinking ahead to the growing potential offered by the Internet.

For any community pharmacist who prefers to deal directly with Procter & Gamble, we are pleased to announce the introduction of **P&G Direct**, a dedicated telephone sales resource.

In addition, we have appointed Ceuta Healthcare to maintain our service to those customers who have Max Factor and Olay Cosmetics free standing units. Ceuta will contact all of those customers to advise them of their first call date.

We hope that you will see the positive benefits that these changes will bring. If you have any queries regarding the new arrangements, please contact us via **Freephone on 0800 597 4040**.

Yours sincerely,

Brian Carruthers
Pharmacy Division Manager
Procter & Gamble UK.

NB These changes do not apply in Northern Ireland and Eire.



→Continued from P28

also did the same. As a result of these arrangements, the NHS activities that pharmacists and practitioners could perform were clearly defined and were the same for all members of each profession. Individuals who wished to expand their activities, or to sign contracts that reflected their personal circumstances or local needs, were unable to do so.

The 1946 NHS Act instructed the administrative bodies for primary care, Executive Councils, to make the arrangements necessary for 'any person receiving general medical services to obtain proper and sufficient drugs and medicines and prescribed appliances, if ordered by the medical practitioner rendering those services'.

The financial and professional consequences of the Act for community pharmacists soon became clear. In the newly established NHS, they would have to stock any product that a practitioner was likely to prescribe and had no influence on the range or cost of medicines used. The introduction of the list system and capitation payments for GPs further disempowered community pharmacists.

While practitioners were instructed to establish a list of all individuals who wished to use their services, no formal links were established between community pharmacists and their patients. Practitioners were paid regardless of whether they treated the patients on their lists or not, while payments for pharmacists were linked to the activity of dispensing drugs.

Faults in the design

Many of the problems currently faced by community pharmacists are a direct result of the way in which the NHS was initially designed. As the box

below shows, the new system embodied a number of design faults, which constrained the way in which community pharmacy subsequently developed. For example, the NHS has given pharmacists few incentives or opportunities to work in general practice. They have been unable to establish their own patient groups, and must derive their incomes by appealing to individual patients as the consumers of medicines.

Moreover, pharmacists have had no control over the range or cost of medicines that patients are prescribed and cannot negotiate contracts that reflect their personal abilities or circumstances.

Most importantly, the NHS has encouraged community pharmacy to develop in the same way as the system of small, independent chemists and druggists that first came into existence during the mid-1700s. As a result, community pharmacy in the NHS is still primarily centred around shop-based retailers located in areas easily accessible to patients.

The inadequacies in the design of community pharmacy outlined below cause a range of problems and fail to solve others created elsewhere. For example, the separation of community pharmacy from general practice means that doctors are unable to monitor whether their

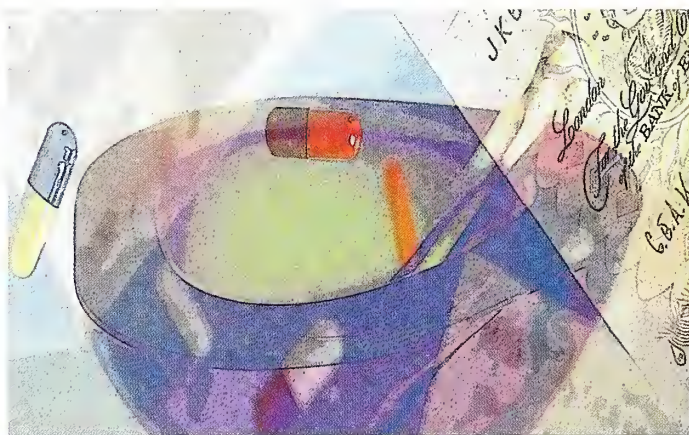
patients have cashed their scripts. Pharmacists must negotiate special access and funding before they can systematically advise local practitioners on their prescribing patterns and drug choice.

More importantly, the arrangements have forced community pharmacists to take a consumer-based approach to pharmaceutical care. As a result, they mainly provide a demand-led service, which is not structured to take account of the needs of local patient populations as a whole.

A future for pharmacy?

The second in this series of articles examines the ways in which the problems currently faced by community pharmacy may be addressed. To be successful, the solutions to these problems will have to be radical and revolutionise the way in which community pharmacy is currently structured and funded. As a result, there will still be community pharmacy, but not in the form that we currently know.

Dr Darrin Baines is a senior lecturer in health economics at the Health Services Management Centre, University of Birmingham, with an interest in primary care and prescribing. The concluding article will appear next week



Faults in the design of community pharmacy and their consequences

Design fault	Problems caused by fault
Split of general practice and community pharmacy	Artificial separation of practitioners from pharmacists, institutionalising the differences and rivalry between the two groups
Separation of prescribing and dispensing systems	Practitioners free to prescribe any drug they wished. Pharmacists unable to control drug costs or range of products used
Separate, non-linked contracts for the two groups	Practitioners and pharmacists given different notional contracts although they often served the same patient groups. Members of each profession all subject to the same contract, regardless of their abilities or circumstances
Lists for practitioners but not pharmacists	Individual practitioners able to establish their own patient groups, while pharmacists had no formal means of doing so
Different fee systems for practitioners and pharmacists	Did not encourage practitioners to work with pharmacists. Tied pharmacists to the dispensing act for their incomes, with the result that they did not dispense
Access seen in terms of location	Encouraged general practice and community pharmacy to develop around a system of premises located in easy reach of local populations

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Precautions: Hypertension, stable angina pectoris, cerebrovascular disease, occlusive peripheral arterial disease, heart failure, hyperthyroidism, diabetes mellitus, renal or hepatic impairment, peptic ulcer or gastric irritation. Keep out of the reach of children at all times.

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May cause throat irritation, hiccuping, minor indigestion or heartburn.

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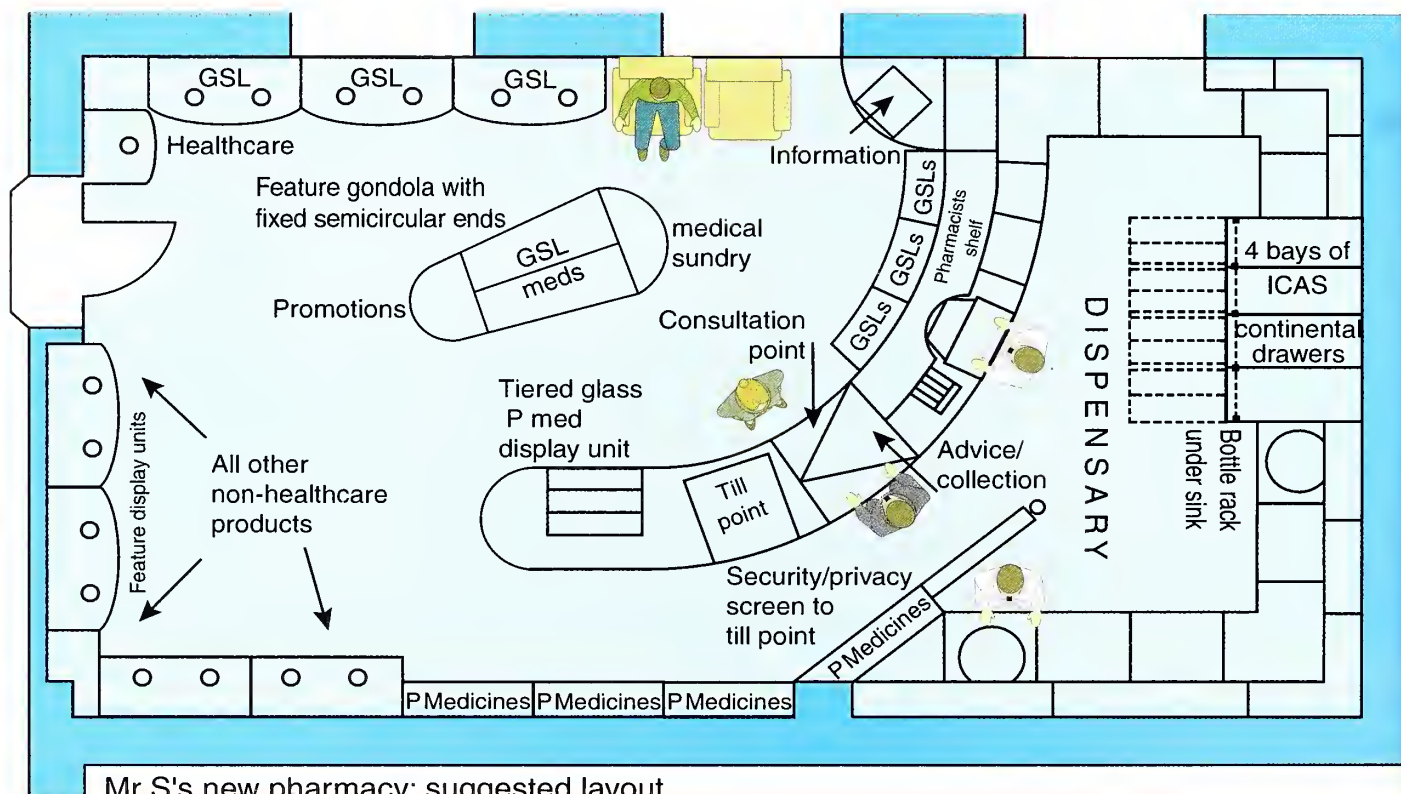
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Miniature move

You are relocating to a pharmacy under one third the size of your current outlet. Poor judgement or good business sense? **John Kerry** reports



Mr S's new pharmacy: suggested layout

While most community pharmacists either plan to increase the size of their shop or dream of what they would do with more selling space, Mr S is in the final throes of relocating to a much smaller pharmacy. It isn't a case of trying to squeeze a quart into a pint pot, it's much more difficult than that. Mr S is moving from a 1,250ft² unit into a 400ft² one. No, he isn't crazy. In fact this move is the culmination of three years hard work and planning. He is relocating from an indifferent main road site into the local GP health centre for good reason.

The history of this pharmacy, and the situation it now finds itself in, tell an all too familiar story. At the turn of the century it was the only one in this small, rural, home counties town. As the rail and road networks developed, so did the town, which became a

most desirable place to live for London commuters. Two more independents opened up for business and all prospered as the town developed. In the 50s, it became part of the country's post-war new town developments, which began a mere half mile from the established town.

Slowly but surely the demands of the population in the new town overpowered the existing resources. New retail developments and services were soon introduced away from the old town. The old town GPs relocated to a new health centre between the old and new town. This pharmacy, now the sole survivor of the original three, relocated between the health centre and the old town.

The move was calculated by Mr S's predecessor as the best way to take advantage of the health centre, while retaining his old town customers. It did not work out like that and although he is in a more convenient spot for patients walking back to the

old town, drivers and all of the new town patients prefer the resources of two multiple branch pharmacies in the shopping precinct, where there are more shops and much better parking facilities. One of the new multiples is no further away from the health centre than Mr S.

Mr S purchased this business five years ago, when it was dispensing an average 2,000 items per month and just treading water on counter sales. Seeing potential in the pharmacy, Mr S set about improving the service and

Continued on P32 →

	Existing	New unit
Front shop	800ft ²	225ft ²
Dispensary	250ft ²	175ft ²
Store	200ft ²	-----
Script items (front door)	1,650	4,500
Script items (homes)	1,450	1,450
Total	3,100	5,950
P & GSL sales £4,000pm	£1,000pm	
Toiletries/other sales	£2,700pm	£3,000pm
Total	£6,700pm	£13,000pm
Sales fitments	37	13.5
P & GSL fitments	9	9.0
Other line fitments	28	4.5

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INDICATIONS: Specially formulated hydrating cream and lotion for the treatment of atopic eczema/ dermatitis, xeroderma, hyperkeratosis, ichthyosis

Active Ingredients: Urea EP 10% w/w

Instructions for use:

Apply sparingly twice daily (as a thin film) to the affected areas of the skin, massage gently into the skin until absorbed. Medical advice should be sought if the cream or lotion is accidentally swallowed.

PRECAUTIONS FOR PATIENTS: Do not use if you are allergic to any of the ingredients in the cream or lotion. Do not use on abraded, inflamed skin. Do not apply to large areas of the skin if

you have kidney trouble. Consult your doctor if you are using any other medicines, including any that you could have purchased without a prescription. Eucerin 10% Urea Cream and Eucerin 10% Urea Lotion may increase the penetration of some substances e.g. medicines known as corticosteroids, dithranol and flououracil into the skin. Avoid contact with eyes or other sensitive areas.

LEGAL CATEGORY:

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*Clinical reference

1 Pigatto PD et al 1996, 10% urea cream (Laceran) for atopic dermatitis: a clinical and laboratory evaluation. *Journal of Dermatology Treatment* 7 Page 171-175
2 Tausch I et al 1997, Efficacy of Eucerin 10% Urea Cream and Aquadrate in the treatment of Xeroderma. *Australian Journal of Dermatology* 38 Page 102



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Source: Standard & Poor's Microcap, 26/4/95 to 19/11/99, offer to offer, income reinvested.

PCD200

BUSINESS IN FOCUS

→Continued from P30

refitting the shop. This, together with new trade from a local nursing home, has built the business up. However, it is not enough to justify his hard work and investment. He decided to move three years ago when he realised that the pharmacy and its location would never allow him to realise his ambitions. In fact, if it hadn't been for the nursing home business, this pharmacy would now be dispensing fewer items than when Mr S bought it. Quite simply, it is in the wrong place.

His first idea was to relocate to a unit in the new supermarket just a stone's throw from the health centre. When the opportunity to relocate to the health centre came up, Mr S grabbed it with both hands, but it has taken a lot of heartache and much professional advice to secure the unit and terms he desired. The lease on his current shop runs out within a couple of months and, because the landlord is demanding an enormous increase in rent, the timing of the move could not have been better.

Of course, Mr S wants to make sure that after all of this planning, advice and waiting, the transition is smooth and painless. He hopes his new business will be fully equipped to cater for the demands. But will it?

Mr S believes he will be able to influence the character of the new business by stamping his own personality and design ideas on it. To an extent this is true, but he is in for a shock if he tries too hard. This business will probably be influenced more by its location and sheer volume of patients leaving the doctors' consulting rooms and pouring through his doorway like an Alpine avalanche. He'll need to anticipate at least a three-fold increase in patients within the first week. And because the new pharmacy is virtually invisible, the vast majority of his counter trade will be from health centre visitors. This should not be considered as a relocation of an existing pharmacy, more as a new business opening.

It is useful to compare some of the figures from his existing shop with what might be expected in the new unit.

From the outset Mr S knew he had to sacrifice a great deal of space and therefore merchandise when he moved. Quite simply, most merchandise in his current shop will not be accommodated. Mr S wants to retain the following lines and give them a similar amount of room:

Toiletry essentials	1.5 fitments
All in one speciality	0.5 fitments
Medical and other	
Sundries	1.0 fitments
Budget cosmetic stand	1.0 fitments
Total	4.0 fitments

He also wishes to introduce more specialist healthcare ranges, more complementary medicines, remedies and so on.

Allowing three fitments for the new merchandise, it is clear Mr S is already facing a space crisis in the new unit. We have yet to take account of the fact that he will probably need more shelf space to accommodate the increase in conventional healthcare merchandise, such as P and GSL medicines, and dressings.

In his main road pharmacy, these are well merchandised with prominent fitments and category management, and plenty of eye-level facings for brand leaders. Should he wish to pursue the same policies in his new premises, some three to four extra full length fitments will be employed. To fulfil his immediate plans for merchandise in the health centre pharmacy, he will probably need four more fitments but there simply isn't room for them, so something will have to go.

Because this is in effect a new business, Mr S is advised not to try to get everything right first time, but to wait until the demand patterns are known. He should play his strong suit, organise the shop according to the more obvious anticipated business and wait until he knows more before introducing additional product ranges. After all, his biggest asset will be his position and, no matter what he believes he could sell in this small front shop, his principal concern will be to cater for the demands of the patients streaming through his front door for script items and conventional healthcare products.

The following allocation of space is suggested in his new pharmacy:

P & GSL medicines	10 fitments
Other Healthcare	1 fitment
Essential toiletry & other	2.5 fitments
Total	13.5 fitments

This will mean trimming down the non-healthcare lines, but that isn't going to affect the business much initially. It will also mean that there is no room for specialist healthcare lines in the shop. As the business settles down, Mr S will be able to take stock of demand patterns and adjust his layout and categories.

When Mr S opens his new doors for the first time, he could be overwhelmed by patients demanding an efficient prescription service, perhaps three times as many as he now sees on a daily basis. The demand for conventional OTCs is likely to be similarly busy. This is the bread and butter business that he needs to get right in the first few weeks. Everything else is 'jam' and can be added later.

What a tangled web we weave on the Net

I would like to challenge your story in *Business News* (C&D February 19, p28) about a new web site which claims it will offer pharmacists 3,000 generics and parallel imports.

Firstly, to qualify myself: I am the sales and marketing director of Lexon (UK) Ltd, a fairly new company but one that has strived to uphold the true virtues of making a difference for independent pharmacies. Lexon is among the faster growing companies in the UK wholesaling a wide range of generics, PIs, dressings, OTC medicines and fragrances.

The success of the company has come from starting the business from a retail group central distribution system, and so knowing exactly the product requirements, price and service levels that pharmacies expect.

I also know a bit about technology and the internet, and I have been involved in the development of internet strategies for several companies over many years.

The purpose of this letter is simply to point out that there are major flaws and dangers with the proposal that Pharamlife.co.uk has with its idea of selling generics and PIs via the internet. Indeed, I want to suggest to readers that the idea of one central database of products and prices from

all suppliers will not work and really is against their interest.

This idea is not new and has been tried by many people, although not necessarily on the internet. So why can it not work? I find it hard to believe that any wholesaler, unless they have a stake in the web site, would participate to provide prices so that customers can effectively cherry pick the best.

I cannot believe that customers would expect to receive their order from several wholesalers, uncertain of delivery times, stock availability and terms, and be inundated by the administration of dealing with several supplier invoices.

Customers are not driven by price alone. I think I can speak for the many customers who deal with us and other wholesalers in saying that, while price is important, so is the trust in the service they get and the relationship they have with the staff who deal with them on a day-to-day basis.

I would be the first to adopt the best technology for any process where I believe it would work. In this business of generics and PIs, where there are so many variables – price fluctuations, stock availability and alternative suppliers – the best process is still that daily telephone order to an effective sales person where options can instantly be discussed.

I, for one, would be unlikely to give away our business to a central

computer database, pitching ourselves into a cattle market with other short line wholesalers where the lowest price could win but everyone would lose as a consequence.

Wholesalers would lose their customer base, and make losses in trying to fulfil products with little margin, and imagine what would happen to the discount claw back if this database is regularly visited by the Department of Health who could clearly get the wrong impression with the unrealistic prices.

With the internet will come many ideas. Many will fail, but some will revolutionise the whole supply, distribution and information chain. Those that succeed and make a difference will be the ones started by people who understand the processes within the industry.

Anup Sodha

Sales and marketing director, Lexon (UK) Ltd



Lloydspharmacy's Burnley CHAT centre has become the first pharmacy in Lancashire to offer a regular walk-in diabetes clinic and awareness programme. Set up in partnership with the Burnley Health Care Trust, sessions are held fortnightly, with the public able to call in for information. Pharmacist diabetes advisor Anne Goodey is pictured with a user of the programme, which is supported by Roche Diagnostics

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and to
for
40 w

Whether it's wind and griping pains, cradle cap or teething, there's a Dentinox infant medicine that you know you can recommend with confidence. And this year, our RGN will be attending every Health Visitor exhibition in the country, promoting the Dentinox range. Trust Dentinox to make it better.

Dentinox®



Always read the label.
Dentinox Infant Colic Drops
contains Activated Dimethicone.

Active Ingredients: **Dentinox Infant Colic Drops** – Activated Dimethicone. **Indications:** For the gentle relief of wind & griping pains in infants caused by the accumulation of ingested air. Effectively assists in bringing up wind. Can be used from birth onwards. If symptoms persist obtain medical advice. **Dentinox Teething Gel** – Lignocaine Hydrochloride BP (Lidocaine Hydrochloride INN). **Cetylpyridinium Chloride BP**. Acts quickly to relieve the pain of teething and soothe the gums. Do not use if seal on nozzle is broken. **Dentinox Cradle Cap Treatment Shampoo** – Sodium Lauryl Ether Sulpho-succinate, Sodium Lauryl Ether Sulphate. For the treatment of infant cradle cap and general care of infant scalp and hair. For external application only. Keep all medicines out of the reach of children. Further information is available from Dendron Ltd, Unit A, Centre 2, 42 Caxton Way, Watford Business Park, Watford, Herts WD1 8QZ. Tel: (01923) 229251. GSK.

How secure is the future?

Jean Rothwell, the former proprietor of a community pharmacy in Bolton and now secretary of South Lancs LPC, says standards of practice need to improve

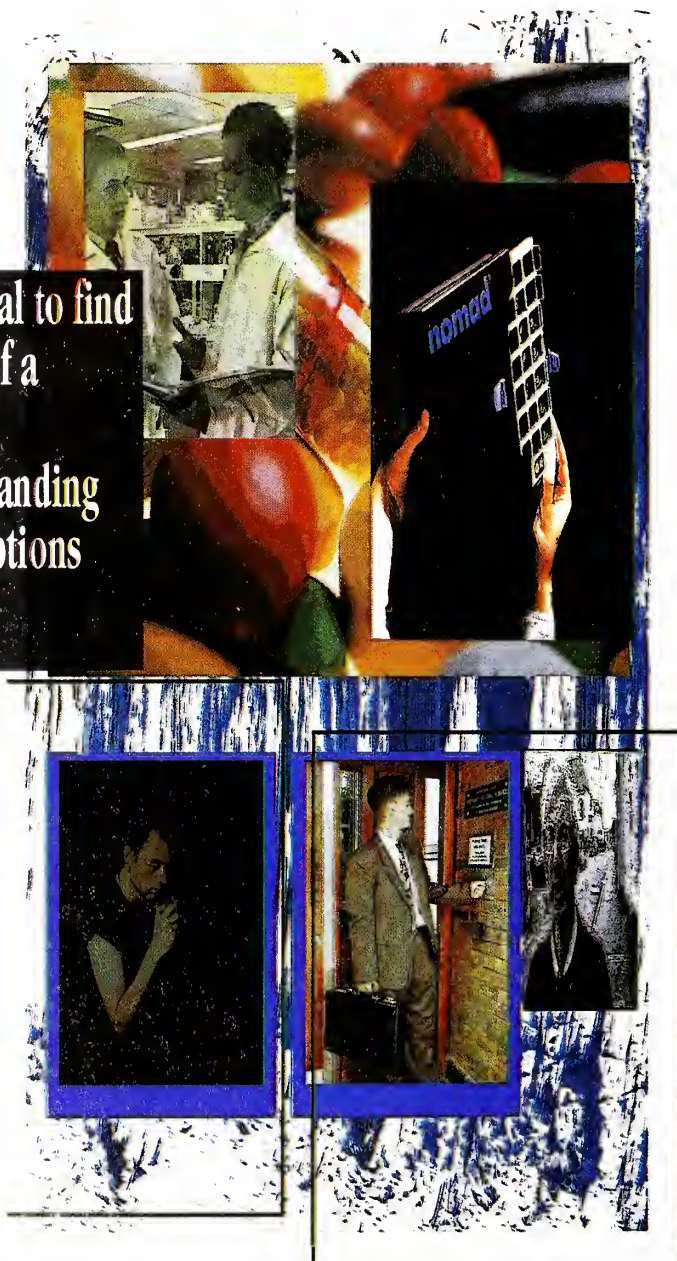
There is something missing from the present day national career structure for community pharmacists, who appear to be losing their way in the changing world of primary care services.

Today's opportunities for career development in community pharmacy are limited. Formal guidelines would help to identify the future direction of this branch of the profession. Perhaps when the Government finally publishes its strategy document for the future of community pharmacy we will know whether or not community pharmacists will have any meaningful input to the provision of primary care services, because at present they have been pushed to the sidelines, with greater significance being placed on the role played by GPs and nurses.

One problem is the lack of practising community pharmacy representation both at national and local level.

It has become increasingly obvious, over the past 20 years, that both the Pharmaceutical Services Negotiating Committee and local pharmaceutical committees are no longer representative of today's community pharmacy workforce, the make-up of which has changed as significant

"It is unusual to find the owner of a community pharmacy handing out prescriptions and advice"



MOTILUM 10 - ESSENTIAL INFORMATION

Presentation: Small film coated tablet containing domperidone maleate equivalent to 10mg domperidone base. **Indications:** For the relief of post meal symptoms of fullness, nausea, epigastric bloating and belching, occasionally accompanied by epigastric discomfort and heartburn. **Dosage and administration:** Adults and children over 16: up to one tablet (10mg) three times daily and at night when required. Maximum duration of continuous use is 2 weeks. **Contra** **Indications:** Hypersensitivity to any of the components. Patients with any underlying gastro-intestinal pathology, with prolactinoma, or with hepatic and/or renal impairment. **Precautions:** Patients who find they have symptoms that persist and are taking Motilium 10 continuously for more than 2 weeks should be referred to a GP. **Drug interactions:** Adverse interactions have not been reported in general clinical use. However it has the potential to alter the peripheral actions of dopamine agonists such as bromocriptine including its hypoprolactinaemic action. Domperidone's actions on gastro-intestinal function may be antagonised by anti-muscarinic and opioid analgesics. May enhance the absorption of concomitantly administered drugs particularly in patients with delayed gastric emptying. **Pregnancy and lactation:** Motilium should only be used during pregnancy on the advice of a doctor. Use by breast feeding women is not recommended. **Effects on driving ability and use of machinery:** Does not affect mental alertness. **Side effects:** Occasionally transient stomach cramps and hypersensitivity reactions (eg rashes) reported. At higher dosages and longer treatment durations than recommended a rise in serum prolactin has been reported which may, rarely, be associated with galactorrhoea and even less frequently, with gynaecomastia, breast enlargement or soreness; there have been reports of reduced libido. Domperidone does not readily cross the normally functioning blood-brain barrier and therefore is less likely to interfere with central dopaminergic function. However, acute extrapyramidal dystonic reactions, including instances of oculogyric crises, have been reported. Should treatment of dystonic reactions be necessary, domperidone should be withdrawn and an anticholinergic, anti-parkinsonian drug or benzodiazepine medication should be used. **Treatment of overdose:** If disorientation, extrapyramidal reactions or drowsiness occur following an overdose, the patient should be closely monitored and treated symptomatically. Administration of gastric lavage and activated charcoal may be helpful. Anticholinergic medication may be useful in managing extrapyramidal symptoms. **Price:** £3.95 L **category:** P. **PL:** 13249/0014 **PL holder:** Johnson & Johnson. MSD Consumer Pharmaceuticals Enterprise House, Station Road, Loudwater, High Wycombe, Buckinghamshire HP10 **Date of preparation:** June 1998.

Continued on P36 →



Whatever your customers call **FEELING SICK** there's one name to remember

Different customers call it different things. But you know it's that 'nausea' feeling. And that the easy, churning upset stomach symptoms they feel, often after meals, mean their natural stomach's digestive rhythm has slowed, and most goes into 'reverse'. Which is why you

should reach for Motilium 10. It's the only OTC treatment clinically designed to restore normal stomach rhythm in the right direction to clear the cause of their nausea.* So recommend Motilium 10. Because whatever they call that feeling, that's the one name you should remember.



**HELPS TO
CLEAR THE STOMACH**

Johnson & Johnson MSD
Pharmaceuticals

Only available through pharmacies. Further information is available from Enterprise House, Station Road, Loudwater, High Wycombe, Buckinghamshire HP10 9UF. Tel: 01494 450778.

Indicated for post prandial symptoms of nausea and other stomach discomfort symptoms of fullness, bloating and belching

→ Continued from P34

numbers of pharmacy proprietors dispose of their businesses.

It is unusual to find the owner of a community pharmacy handing out prescriptions and advising patients, as was the norm 20 years ago. In some areas almost 70 per cent of community pharmacies are now run by managers or locums. This alone fosters a belief that the future of the profession is in the melting pot. It is a case of "I'm here today, but not tomorrow", as a locum will frequently describe his timetable to a customer.

The proposals voiced in 'The Way Forward' - the paper produced last year by Superdrug which advocated the abolition of contract limitation - drew attention to areas where community pharmacy services do not reach acceptable standards.

The public has been bombarded with information about the services that pharmacists can provide, and we should ensure that we can live up to their expectations, as well as getting our message across to the Department of Health. If this does not happen, someone else will produce alternative proposals for the future on our behalf.

Most community pharmacists provide a first class, professionally



Customers usually want to be able to ask questions

orientated service for patients, but we cannot ignore the fact that there are some 'weak links' in the chain. Perhaps the Royal Pharmaceutical Society could do more to ensure that the services provided in community pharmacies are of a uniformly high quality, within a professional environment, staffed by trained assistants, with a pharmacist noticeably present and in charge.

We are all entitled to receive the same good standard of pharmaceutical service wherever we live - be it in a deprived inner city area, or a more affluent leafy suburb - because pharmacies with an NHS contract are paid at the same rate throughout the country. But unless the profession can ensure that all patients receive the best standard of service, then it is in danger of being judged by the standards of the lowest common denominator.

Approving additional contracts and introducing more business competition will not produce the solution envisaged by Superdrug. Rather, we would see the development of commercial projects to subsidise the cost of providing pharmaceutical services in areas of low dispensing volume.

Community pharmacy does not lend itself to a self-service environment; people visiting pharmacies usually need help and want to be able to ask questions. The public has a thirst for information, particularly when they are unwell, and pharmacists have undergone four years of training to equip them to address that, and not just be a shopkeeper.

21st century service

As we enter the 21st century, community pharmacists should consider how they can provide a full menu of patient services. They should be considering working in teams of two or three at each pharmacy, concentrating on all aspects of patient care:

- taking charge of patient medication regimes
- supervising repeat prescription services
- visiting and counselling housebound patients when delivering their prescriptions

- keeping a watchful eye on the compliance of mentally ill patients
- liaising with the hospital services about patients ready to be discharged
- planning and supervising the supply of medication to drug addicts.

The organisation and funding of these services is what pharmacists should now be discussing with the Department of Health, instead of searching desperately for additional duties of a transient nature when the whole concept of community pharmacy services as we know them could be thrown into disarray at the drop of a hat.

Another important change to the regulations to help improve the standard of pharmaceutical care in the community would be the introduction of personal responsibility for every pharmacist in charge of a pharmacy.

Many community pharmacies are currently run by locums, sometimes recently qualified and lacking managerial qualities, rotating jobs on an almost daily basis. In many instances there is no direct supervision by senior management to ensure acceptable standards are upheld. No-one is impressed by a pharmacy which uses the services of a young male locum who stands behind the counter wearing an off-white tee shirt bearing the logo of a well-known Australian lager!

When the current shortage of community pharmacists has been resolved, a registration process should be encouraged, with the NHS contract being awarded to a named pharmacist having a personal responsibility for the standards of practice and care of patients at his pharmacy.

The possibility of patient registration with one pharmacy would prove beneficial for patients. This is true, for example, in cases where specialist medication schedules are to be followed such as with mentally ill patients undergoing courses of chemotherapy, terminally ill patients or drug addicts for whom a strict regimen needs to be observed.

Under the present system, there is no guarantee of continuity of care for patients who require regular medication and counselling. When some patients still face a counter assistant offering medicine bearing a label 'To be taken as directed' it is obvious that professional reform is long overdue.

The leaders of the profession must draw up and enforce good practice proposals. Community pharmacists must decide whether they want to pursue commercial interests such as selling perfumes and cosmetics as their priority with medicines as a side line, or demonstrate their professional commitment by demanding they are given more responsibility with appropriate payment for total patient care.

The quick-to-act type

Active young man, lives life in the fast lane, seeks something special. Help me feel better straight away. Act fast, no time wasters please.

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Further information is available from Crookes Healthcare Limited, Nottingham NG2 3AA. Nurofen Advance: Legal category (P)



www.nurofen.com



Plymouth pharmacist **Geoff Snell** explains the ins and outs of pharmacy paperwork and VAT to a potential proprietor

Paperwork, VAT and all that ...

Paperwork - don't you just love it! One of the harsher realities of graduating from being a manager to being a proprietor is that the amount of paperwork you have to deal with will increase.

Most pharmacists making this step will have to deal with the complexities of VAT - a tax administered by HM Customs & Excise - for the first time. Most people's attitude to paperwork lies between apathy to letestation. I will freely admit to being a bit odd in that I have no problems with it.

I always think it helps to have a motivating thought in mind. For most proprietors the VAT system actually owes us money each month, a considerable sum at that. Unless you have a high cash turnover based business, the amount owing to you

each month should be a sufficient motivator to get you cracking as soon as you can.

Well what is value added tax? It is an indirect tax that is charged at the rate of 17.5 per cent on most goods and services with the exception of some home fuels (such as electricity) where the rate is 5 per cent.

VAT is not levied on

You may do your VAT return monthly or quarterly, but considering that you are likely to be owed VAT, it would be wise to do the return monthly. It is more work, but the effect on your cash flow will be paramount, especially in your early days.

Your VAT return is a declaration of

- the VAT collected
- paid out (goods or services)
- the difference between the two
- a declaration of the amount of your sales and purchases.

You may or may not have seen a form FP34 (the monthly NHS statement which shows a pharmacy contractor what he or she is being paid); either way, the important thing, from the VAT point of view, is that no VAT is paid to the contractor by health authorities for NHS dispensing services or the goods used to provide those services.

When a contractor purchases drugs from a wholesaler in order to fill the prescriptions he dispenses, he has to pay VAT on those drugs. No VAT is levied at the point of retail sale, and that is why most contractors are owed a VAT rebate each month.

Which bits of paper?

What paperwork do you need to fill in a VAT return? One slight digression first: it would be wise to check with your accountant that your system is compatible with the way he works.

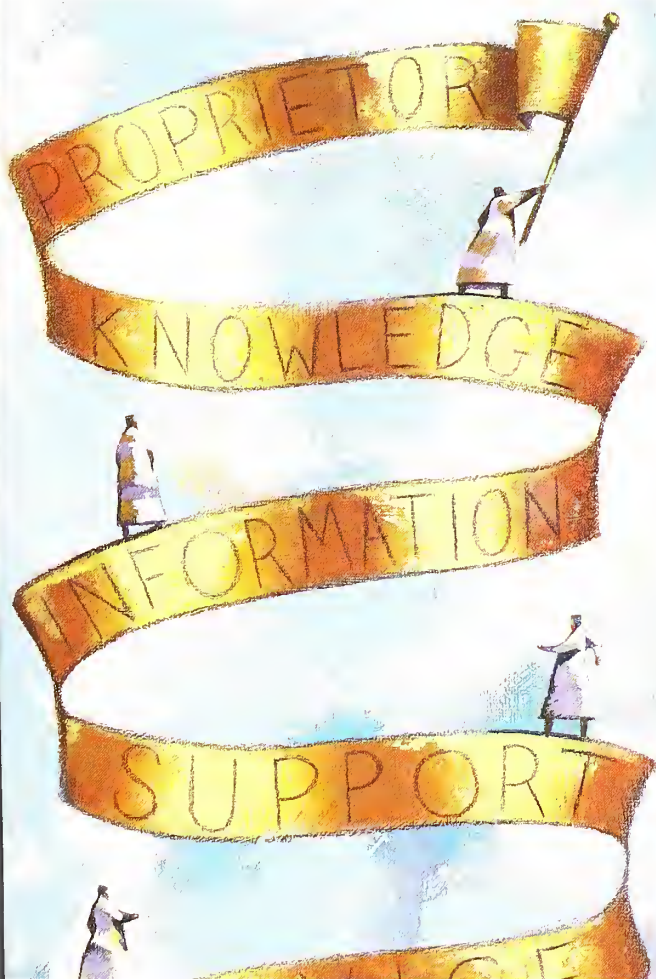
You don't want to do extra paperwork to provide your accountant with figures for the year-end profit and loss account. If you do your VAT methodically it will be the basis for your annual accounts.

In a nutshell you will need a record of your sales showing how much VAT was collected, and a record of your purchases showing how much VAT was paid. Sounds simple enough in theory, but how does it actually work in practice?

The first thing to look at is sales through your cash till. You need a till that has at least four analysis buttons for sales, although you can get away with three. Assuming your till has four analysis buttons for sales, you will need to designate them as follows:

- 1 standard rate VAT sales
- 2 zero rate VAT sales

Continued on P39 →



The strong powerful type

Tough nut to crack. Needs the strength to help get over a painful time. Must be something special. Please help! Don't let me down.



www.nurofen.com



Further information is available from Crookes Healthcare Limited, Nottingham NG2 3AA. Nurofen Plus: Legal category [P]

where can I meet
and talk to community
pharmacists both
professionally and
commercially



→Continued from P37

3 private prescription sales 4 NHS prescription levies.

The last two analysis buttons should be straightforward, but I will explain briefly the difference between the first two.

Most items in the pharmacy attract VAT at standard rate. However, some things are zero rated, such as baby foods, baby nappies and clothes, some dietary foodstuffs and some products for diabetics. The monthly *Chemist & Druggist* Price List and its weekly updates clearly show what the VAT position is for particular products.

With your till correctly set up, you need to ensure both you and your assistants ring up each item using the correct analysis button. You could try using two price guns with different coloured labels in each. Price the standard rate VAT goods with white labels and the zero rated items with coloured labels.

It is worth taking time to impress on your staff the importance of getting the analysis right. If zero rated products are rung on the standard button you will end up paying the VAT on an item for which you have not collected the tax, ie the VAT will come out of your pocket.

Weekly task

When you cash up the till, you will have a till ticket which shows the total of all sales and a breakdown of analysis groups. While it is good practice to cash up daily, it is easier to deal with the VAT weekly, except when the week concerned has the end of a month in it.

With your daily till readings, you will be able to produce a weekly figure and total all of the analysis figures from your till readings.

The reading for 'standard' has the VAT figure in it, and you need to know how much of that figure is VAT. You apply the fraction of 7/47 to the figure to provide the VAT content (assuming VAT stays at 17.5 per cent).

For each month you will be able to write a weekly analysis of your sales. You should enter it in four columns: **Column 1** is the total of your sales during the week, ie what your actual takings were

Column 2 is the amount of VAT you have collected (the 7/47 fraction applied to the standard VAT total)

Column 3 is the total of NHS levies (these do not include VAT)

Column 4 is the standard and zero column, which is column 2 and 3 subtracted from column 1.

Doing this each week during a month will show you how much VAT you are collecting during a particular month. If the month end is during a calendar week you will need to split the week up to tie in with the end of the month.

At the end of the month you will

be able to add the columns up. You will, therefore, have a total of VAT collected, NHS levies collected and the standard and zero element of your sales.

Now to look at how you treat your purchases. I think it is a good idea to pay for all purchases that contain VAT by cheque or standing order. Paying for items which attract VAT out of the till complicates matters, and in your early days you will want to keep things as simple as possible!

Each month you should write all your payments (either cheque or standing order) onto a payment summary sheet. Preferably you should have six columns on the sheet:

Column 1 should be the date the payment was made

Column 2 should be to whom the payment was made

Column 3 should be the total amount paid

Column 4 should be the amount of VAT. This should be easy to find as it is usually on the purchase invoice: if not the 7/47 fraction of the total applies.

The invoice must have the VAT registration number of the supplier.

Column 5 should be the amount of standard and zero purchases, in reality the difference from Column 3 of Column 4

Column 6 is for exempt items such as wages and personal drawings.

When you total the columns, column 4 is the total of VAT paid by you and column 5 is your inputs which we will come to when dealing with the VAT return form.

Before you start

You now have the raw data to do a VAT return. One little aside: before you actually purchase your business, make sure you are VAT registered before the sale goes through. That way you won't pay VAT on the stock you purchase (assuming you buy an existing business). It will help your all-important cashflow to not have to pay VAT, rather than pay and then have to claim it back.

When you register, Customs & Excise will ask if you want quarterly or monthly forms. Opt for monthly forms. When you are trading you will be sent a VAT return form automatically.

The form is not complicated, however you will need to do a few calculations to complete it. In case you are inspected by Customs &

"The amount owing to you should be a sufficient motivator to get cracking as soon as you can"



amount of your rebate (assuming you are due one) - the difference of Box 3 deducted from Box 4.

Box 6 is the total value of your sales, and

Box 7 is the total value of your purchases.

Now to put figures in the boxes. **Box 6** is the total of your monthly NHS payment, the NHS levies you have collected in the month (column 3 on your monthly sales sheet) and the total of column 4 on your monthly sales sheet.

Excise, it is wise to keep a record so you can repeat the exercise if asked.

The form has nine boxes, but unless you trade with other EU countries you will only need worry about six of them.

Box 1 is the total VAT you have collected during the month in question.

Box 3 will be the same if your don't deal with other EU countries.

Box 4 is the total VAT you have paid out.

Box 5 is the amount of your rebate (assuming you are due one) - the difference of Box 3 deducted from Box 4.

Box 6 is the total value of your sales, and

Box 7 is the total value of your purchases.

Now to put figures in the boxes. **Box 6** is the total of your monthly NHS payment, the NHS levies you have collected in the month (column 3 on your monthly sales sheet) and the total of column 4 on your monthly sales sheet.

Box 7 is lifted straight from your monthly purchases sheet and is the total of column 5.

By now you should have a good idea of how to cope with VAT when you are a proprietor, but I will offer a few tips. When you first register, ask for all the literature that the people at Customs & Excise think will help. I know they now do a video fronted by Carol Vorderman. Take the time to look at the material you are given.

Also, for perhaps the first month or two, ask your accountant to examine your return before you submit it. Finally, you will get an inspection from time to time. You are generally notified of the visit. Try to find out which months the inspectors are interested in.

Make sure you have all the documentation to hand for the visit, and take the trouble to go over what you did for those months. Try to arrange the visit for a quiet time for yourself as your visitors will want most of your time. It can be a bit trying when they are there, and you are attempting to supervise dispensing, but they have a job to do as well.

Do try to get your VAT return done as soon as you can: the sooner you do the return, the sooner you will get your money.

The steady persistent type

Hard-working female needs something special. Only a long-lasting relationship will do. Must be able to keep going for up to 12 hours at a time.



www.nurofen.com

CROOKES HEALTHCARE



Further information is available from Crookes Healthcare Limited, Nottingham NG2 3AA. Nurofen Long Lasting Legal category (P)

welcome to the **future** of pharmacy

chemex 2000
3/4 september / olympia 2 / london

Welcome to the **largest annual gathering** of community pharmacists and manufacturers in the U.K. We pride ourselves at Chemex by offering to exhibitors an unrivalled number of healthcare professionals that no other event can match. Whilst all exhibitions make claims about being the **"biggest and the "best"**, Chemex can verify this as it is the only show in its market that can prove its 2,900 attendance figure with an independent ABC audit, other shows remain cautious about verifying their visitor numbers.

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Advice
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PSNC, CPAG
CPP & PAGB

Chemex 2000 leads the way forward for community pharmacy

The UK's largest retail pharmacy show - Chemex 2000 - will be held on September 3 and 4 at Olympia, London.

More than 160 companies are expected to participate in Chemex 2000, with new products ranging from diagnostic equipment, generic drugs and OTC products to cosmetics, toiletries, small electrical products and sundries.

The OTC Village, now in its third year, looks set to be bigger than ever. This dedicated area within the show is exclusively for OTC manufacturers and will include a special OTC seminar theatre.

Community pharmacists will also have the chance to grasp the business opportunities on offer including the latest in IT developments and photographic services. Advice on design, layout and merchandising will be on hand in a specially created model pharmacy at the show.

Two seminar theatres will be in full swing throughout the two-day event with free educational sessions and addresses by major trade and professional bodies like the NPA, PABG, PSNC and CPP.

Biggest pharmacy show

Last year, Chemex attracted more community pharmacists and healthcare professionals than any comparable event in the UK, with an audited total attendance figure of 3,900 (ABC).

Ian Gerrard, exhibition director,



Visitor profile at Chemex '99



says, "The winning combination of such a wide spectrum of products and seminars has resoundingly shown that many more people are attracted to Chemex than any other pharmacy event."

"London has again been chosen for the 2000 show because it is proven to have the widest appeal to community pharmacists. Any regional show always has limitations on the number of pharmacists that are likely to attend."

A visitor survey carried out at Chemex '99 showed that a London

location was an important factor for 62 per cent of visitors when deciding to attend last year. The capital also has international appeal - more than 10 per cent of visitors to Chemex last year were from overseas.

According to the same research, 83 per cent of visitors to Chemex '99 were owners, pharmacists, buyers, company directors or managers.

Variety of products

The survey showed that the variety of products on show was a key point in attracting 82 per cent of visitors to last year's event.

Sixty-seven per cent of visitors gave 'new products and services' as a main reason for attending the event and 95 per cent said they would 'definitely or probably' visit Chemex 2000.

This year, visitors with children will benefit from a bigger Kid's Club (including a creche) offering a wider range of activities to keep children of all ages amused.

Simon Page, exhibition manager, says: "Although Chemex 2000 is still

six months away, over 60 per cent of the exhibition stand space has already been booked or reserved.

"The event enjoys the unrivalled resources and experience of the Miller Freeman Pharmacy Group - the publishers of *Chemist & Druggist*.

"Sister company Miller Freeman Exhibitions, the largest trade exhibition organiser in the world, also provides its expertise and resources to ensure the smooth running of the event."

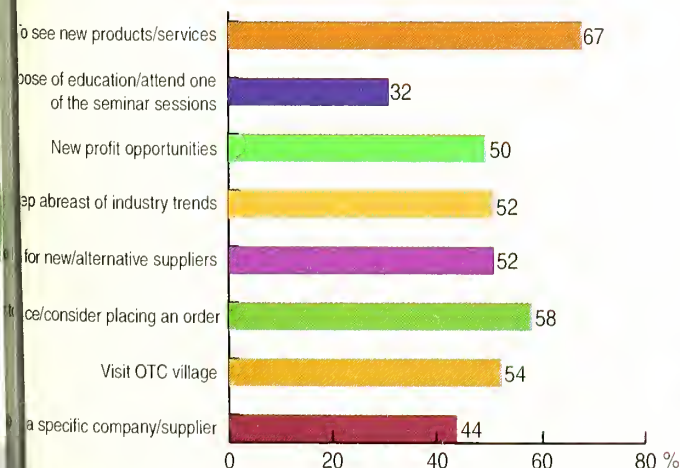
Exhibitors will be offered advice on how to get the best out of Chemex at a special Exhibitor Wise Workshop in the spring. The workshop is designed to help exhibitors to maximise on their sales and PR opportunities.

For more information ...

For information about stand availability at Chemex 2000 contact Ian Gerrard, exhibition director, on tel: 01732 377633, or Simon Page, exhibition manager, on tel: 01732 377256 or e-mail: simon.page@unmf.com

Chemex visitor survey

Reason for visiting CHEMEX '99



the future of pharmacy

chemex 2000
3/4 september / olympia 2 / london



UniChem
Delivering Healthcare

e-pharmacy: unstoppable and unprofessional

While pharmacists feel that the development of on-line pharmacy services are unstoppable, few like the concept or want to get involved, according to the latest C&D Quarterly Business Trends Survey

Almost two thirds of pharmacists believe that on-line pharmacy will lead to a reduction in the number of traditional pharmacies, according to the C&D Quarterly Survey for the final quarter of last year. The survey is prepared in association with UniChem.

On-line pharmacy is "likely to damage the network of 'bricks and mortar' pharmacies", according to 64 per cent of the panel. Independent pharmacists are slightly more

pessimistic than those working for multiples - 68 per cent of them agreed with this statement, compared to 56 per cent of multiples.

While 60 per cent acknowledge that e-pharmacy is an unstoppable development, it is not welcomed for several reasons.

It is an unprofessional way to supply medicines, according to 60 per cent of the panel. Almost half could not see any difference between e-pharmacy and mail order.

Fifty-two per cent feel that it is

likely to take sales away from their business. And the majority felt that it is not a proper way for pharmacy services to develop in the electronic age. Both independents and multiples agreed on all these points.

Not surprisingly, only one in ten pharmacists are interested in setting up their own on-line service. This disinterest may be due partly to a perceived lack of guidance from the Royal Pharmaceutical Society on the ethical aspects of running such a service.

Almost all the respondents

felt they have not received sufficient guidance from their professional body. Information-giving web sites, however, are a far more acceptable service, with 58 per cent in favour.

P medicines display

Nearly 20 per cent of respondents do not believe that the Code of Ethics prohibits them from putting Pharmacy medicines on open display. This figure is similar for independents and multiples.

Half the panel would like to put Pharmacy medicines on open display if a pharmacist could still supervise the sale. And they would like to be given the option of doing this through the new Code of Ethics currently being put together.

What, no bug?

Largely dismissed as a scaremongering exercise in the media, the Millennium Bug still managed to infect 8 per cent of pharmacies. Almost twice as many independents were affected as multiples. Dispensary computers were the source of disruption in 60 per cent of cases, but EPOS systems and alarms were also affected.

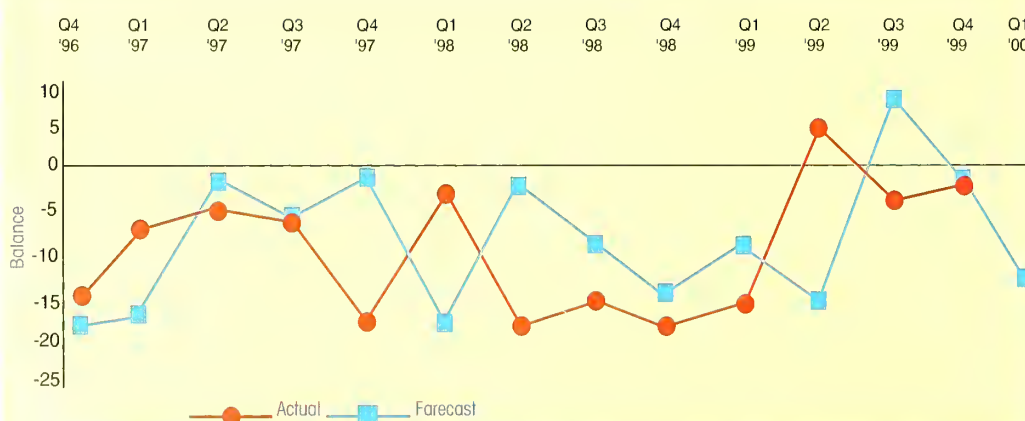
In a quarter of cases, the Bug affected 'other' systems at the pharmacy.

With the millennium now past, moving to an EPOS system is something that has been considered by more than a quarter of the panel. The idea seems most popular in Northern Ireland, where half the pharmacists are considering it. But in Scotland the figure is only 11 per cent.

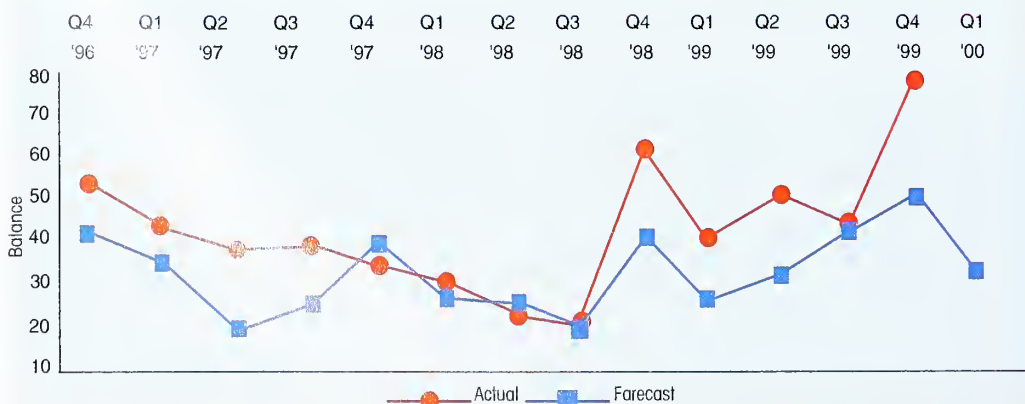
There appears to be some procrastination among pharmacy managers, though, as 49 per cent of those who have considered the move "decided against it for the time being".

Only 22 per cent already have an EPOS system, and they are twice as common in multiples as

Actual vs forecast trends in sales of baby care



Actual vs forecast trends in sales of OTC medicines



independents. Feeling was divided about whether working with electronic invoices and delivery notes is preferable to the traditional variety. About half the panel had no preference either way, while about 20 per cent were strongly in favour and a similar number were strongly against.

Finishing on a high

The survey shows that pharmacies across the country had a good end to 1999.

In all areas, the balance of those seeing increased sales on the same quarter last year, compared to those seeing a drop, was strongly positive. The average balance across all respondents was +58 (66 per cent seeing sales up, 25 per cent the same and only 8 per cent reporting a decline).

Independents registered the strongest balance (+61). Businesses with sales between £500,000 and £1 million also showed a strong positive balance (sales up in 74 per cent, the same in 22 per cent and down in only 3 per cent).

The Midlands (+64) and East Anglia/South East (+65) were the regions reporting the highest increases in sales, with the North West the lowest at +38.

Hardly surprisingly, given the time of year, the volume of NHS scripts was reported up in all areas and across all types of business. Regionally the North East/Yorks (+80) and Scotland (+72) reported the greatest surge in scripts. Again it was business in the £500,000 to £1m turnover bracket that reported the greatest leap in NHS items.

Similarly strong trends were seen in sales of OTC medicines, with a balance of +82 across all respondents.

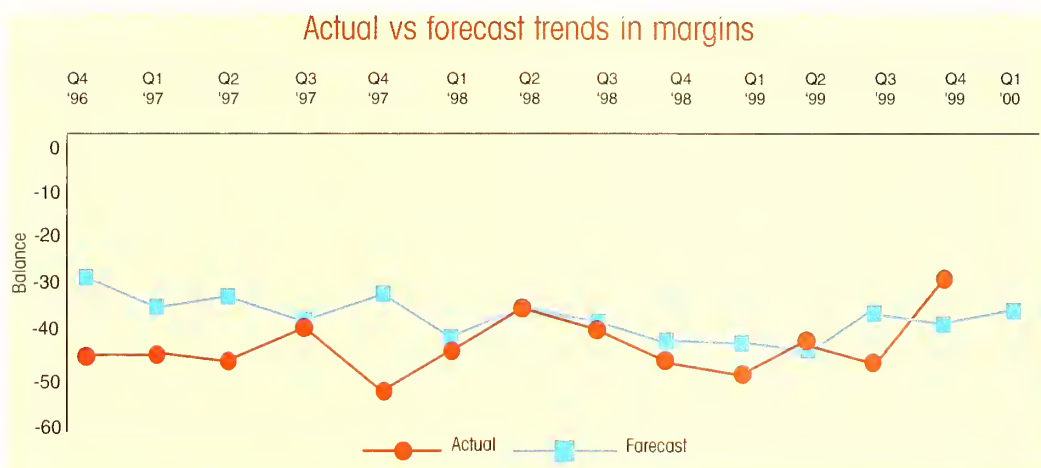
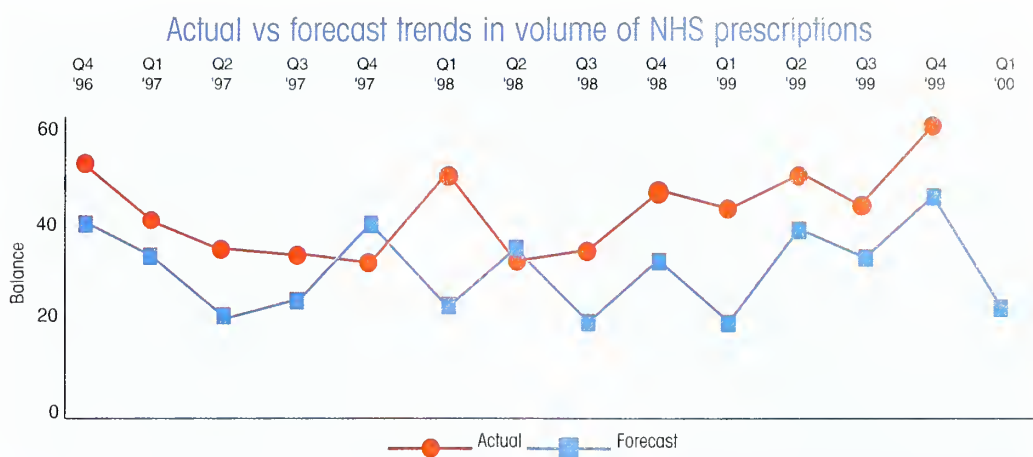
While a balance of +54 of respondents reported stocks up in the last quarter of the year (with little variation depending on business type, size of location), there was a strong downward trend in margins.

Only 10 per cent of respondents reported margins up, 47 per cent

● Questionnaires were sent to 500 pharmacy managers of whom 250 responded

● 74 per cent of respondents were independents, 21 per cent worked in small multiples (under 20 outlets) and 4 per cent in large multiples

● 18 per cent of respondents worked in businesses with annual sales under £350,000; 35 per cent in businesses in the £350,000 to £500,000 bracket; 33 per cent in the £1 million to £2 million bracket; and 7 per cent in businesses with sales over £2 million.



said they remained the same and 39 per cent reported a drop - a balance of -29. This was noted most strongly in the North West (-50) and the Midlands (-45), and in businesses with turnover greater than £1m (-45).

No Christmas cheer

Bearing in mind the Christmas period, fragrance sales through pharmacies in the last quarter were not good. Across all respondents there was a balance of -14.

There was also a negative balance of -8 for cosmetics sales, although this was more pronounced in smaller businesses. Pharmacies with sales of over £1m had a positive balance of +20.

Sales in the baby care sector presented a mixed picture. While independents reported sales marginally down (balance -3) multiples said sales were slightly up (balance +9).

It was the bigger pharmacies, though, that reported extra business, and there were marked regional variations, with only 12 per cent of Scottish pharmacists reporting increased sales, compared to 48 per cent saying sales had dropped (-38).

The North West and South West had negative balances of -16 and -14 respectively, while baby care was more buoyant in Wales, at +5.



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Glaxo and SB fail to impress investors of merger logic

Glaxo Wellcome and SmithKline Beecham are having to work hard to convince investors that their merger is a good idea, following last week's mixed results.

GW had warned last year that it was unlikely to meet its much publicised 'double digit growth' target. Its year-end sales grew 6 per cent to £8.4 billion, while pre-tax profits were down 3.5 per cent to £2.5 billion and reflected the costs of restructuring its manufacturing facilities.

The results sent GW's shares down 50p to £14.59 - the shares, along with other business stocks, had already suffered as investors rushed to take up lucrative internet shares. As C&D went to press GW's shares had eased up to £15.01.

The company's respiratory sales, led by Flixotide/Flovent, grew 11 per cent to £2.4 billion and are by far its biggest therapeutic category. The turnover of its treatments for viral infections rose 19 per cent to £1.6 billion.

Zantac's sales, meanwhile, fell 18 per cent to £640 million.

SB's pre-tax profits, in contrast, grew 13 per cent to £1.9 billion. And its turnover was up 10 per cent to £7.7 billion. The company's best-selling drugs performed well: Seroxat/Paxil's sales grew 21 per cent to £1.3 billion and Augmentin rose 16 per cent to £1.1 billion. Its consumer healthcare turnover was up 6 per cent to £1.4bn.

Despite these results SB's shares fell 20.5p to £6.74 although, as C&D went to press, they had settled at £7.00.

Sir Richard Sykes, GW's chairman, said SB's results merely showed that it was at a different stage of its trading cycle to its partner. GW had much to look forward to this year with the expected launch of Lotronex, a treatment for irritable bowel syndrome, in the US next month. And its asthma product, Seretide, has just been introduced in Spain and is scheduled to be launched in Italy and France.

Jan Leschly, SB's chief executive, said shareholders should look at the long-term prospects of the merged group, which were excellent.

● Sir Richard has warned MPs that harsh reimbursement policies on drugs could force Glaxo SmithKline to move its R&D facilities abroad. He was speaking before the House of Commons science and technology committee, which wanted reassurances that the merged group would not concentrate its R&D investment in the US, where its corporate HQ would be based.

Allcures to deliver medicines by third party courier

Allcures.com, the on-line pharmacy, has been given the all clear by the Royal Pharmaceutical Society to use a third party courier to deliver prescription medicines to customers.

The company is using Royal Mail, Parcelforce and Securicor for its deliveries, which are set to begin by Friday this week. Both private and NHS prescriptions will be delivered free, while the delivery charges for other products are on an ascending scale, depending on how quickly customers want them.

Both Allcures and the Society stress the delivery system satisfies the Code of Ethics, which states that "A pharmacist must not normally distribute or encourage the distribution of any medicinal product by mail order or similar third party carrier."

Helen Darracott, the Society's head of professional ethics, said Allcures had told the Society before it launched its web site how it intended to comply with the Code. "On the basis of the discussions, the Society is satisfied that Allcures could comply with the Standards for the delivery of medi-

cines. The Society's Council has accepted arrangements that involve use of a third carrier, provided they are in compliance with the Standards for delivery. The Society's overriding concern is that medicines are delivered safely with the appropriate instructions and that arrangements are in place to deal with questions and to give advice," she said.

Teresa Clifford, Allcures' head of marketing, said the delivery system had its patients' care at heart. "If the patient is not at home the medicines won't be left there [unattended]. They need the proper signature [to be handed over]."

However the move has angered Pharmacy2U, Allcures' on-line rival, which claims Allcures is at odds with the Code of Ethics.

Daniel Lee, Pharmacy2U's managing director, said the arrangement was also leaving the field wide open for other on-line pharmacies to follow suit: "If Allcures has got permission, anybody can do it. The Society has allowed the mail order of prescription medicines, but if that's the way things are moving, that's the route all of us will probably

have to take," he said.

Pharmacy2U owns a fleet of 30 vans and, according to Mr Lee, may have to reconsider whether this option remains viable. The company will be meeting the Society next week to discuss the matter.

Meanwhile, Pharmacy2U is recruiting two more directors as it lays the foundation for a flotation within the next 18 months.

The company advertised in the *Financial Times* last week for a finance director whose initial role will be to "drive the business plan forward raising finance to fund growth, acquisitions, create infrastructure and hire key executives." Pharmacy2U is offering a "six figure package" for the job.

It also wants to hire a marketing director.

Mr Lee said the company had enough cash in its coffers to fund its recruitment drive. "We've got a lot of feed capital which enables us to install a board structure which will move the business forward," he said. He would not comment on how much money it has.

He claimed the company had been inundated with people who want to invest in it.

At the beginning of February the company appointed Dr Julian Harrison as business development director. Dr Harrison is a pharmacist who previously worked for Andersen Consulting, the management consultancy, where he was seconded to Glaxo Wellcome business strategy division.

Pharmacy2U went live in late November last year and is receiving around 1,000 hits a day. Mr Lee said this response stemmed from word-of-mouth recommendation because the company had not yet advertised its services, although it is registered on a few internet search engines. He would not comment on its current sales.



Pharmacy2U has condemned Allcures for using of a third party carrier to deliver medicines

NCI to arrange brand equalisation deals for members

New Concepts for Independents (NCI), the company specialising in pharmaceutical marketing for small pharmacies, plans to introduce brand equalisation deals for its members.

Pritpal Thind, a pharmacist who founded the London-based company and is now marketing director, said its membership was large enough to make such schemes viable. NCI has around 500 members concentrated in south-east England.

Members are committed to running product marketing/promotional pro-

grammes arranged by NCI. In turn they receive special promotional discounts and other incentives from the manufacturers involved.

Another 250 pharmacists around the UK are said to be on its waiting list - NCI expects to process their membership within three months. Its aim is to have at least 2,000 members by the end of the year. Potential members can register through its web site: nci-pharma.co.uk.

NCI's members can also order products through the web site, which pass-

es on the details to the relevant suppliers. Its contents include details about NCI's training programmes, such as smoking cessation.

Mr Thind said the next step was to make other pharmaceutical companies aware of NCI. Its main clients currently include Pfizer, Novartis, Schering Plough and Sankyo Pharma UK.

NCI has introduced a 22in x 14in display case called Power Tower. Members can pay £100 for one case, £250 for the full set, which is sold next to the till.

Procter & Gamble restructures retail sales force

Procter & Gamble UK has restructured its retail sales force in order to work more effectively with symbol pharmacy groups and buying groups.

From March the company will deal with community pharmacies through a network of wholesale, regional account and virtual chain (eg Numark and UniChem's Community Pharmacy Initiative) business teams (see advertisement on page 27).

Pharmacists who want to deal direct with P&G can liaise with a new telephone sales service called P&G Direct.

Meanwhile, P&G has appointed Ceuta Healthcare to deal with pharmacists who have Max Factor and Olay Cosmetics free standing units. Ceuta has set up a pharmacy division that deals solely with Max Factor - it will represent P&G from March 1.

P&G was unavailable for comment as C&D went to press.

AAH launches hospital-ordering software

AAH Hospital Service (AAHHS) has launched a software system - Deliver-e Plus - that enables hospital wards to key in their orders individually and relay them to AAHHS. Deliver-e Plus is available through MMT, a specialist in hospital computer systems.

Each ward, under the new system, has a terminal which calculates how many more medicines the ward requires. Pharmacists are responsible for keying in the wards' requirements.

Deliver-e Plus recognises whether ward orders need to be dealt by AAHHS, or whether they can be assembled internally at the hospital.

AAHHS said the system had been designed to meet the demands of its hospital customers.

BAPW seeks to shut door on discounts for fridge lines

A number of pharmacists are acting fraudulently by not endorsing scripts for zero discount 'fridge lines', when they have bought them at less than Tariff price from shortliners, according to the British Association of Pharmaceutical Wholesalers.

Short-liners are now giving discounts on fridge lines, which generally attract a zero discount and are listed in Part II of the *Drug Tariff*. Full-line wholesalers do not.

Pharmacists who buy items on the ZD list from shortliners should endorse the scripts to show they have received discounts, according to the BAPW director Mike Watts, who claims some pharmacists are not doing so.

Mr Watts and Tony Garlick, chairman of the BAPW's manufacturers' liaison committee, are due to meet Jim Gee, the Department of Health's 'fraud supremo' in two weeks' time to discuss the issue.

However, the Prescription Pricing Authority says pharmacists are not required to list such discounts because fridge lines are automatically listed as ZDs. Martin Jenkins, the PPA's deputy director of pharmaceutical services, concedes there is a loophole in the system which does not cover pharmacists who buy from shortliners.

The BAPW admits it wants to ensure pharmacists buy fridge lines only from its members, who abide by its temper-

ature control protocol. This protocol sets standards for refrigerated storage and deliveries and is widely recognised by UK pharmaceutical, regulatory and manufacturing bodies. All BAPW members abide by it.

"If pharmacists endorsed the scripts for fridge line ZDs they bought from shortliners, there would not be any benefit in buying these products from that source. We want to cut out that trade," said Mr Watts.

The BAPW believes that many shortliners fail to meet the standards set by its protocol. "We've found out that there are refrigerated products, including some PIs, that have no record to show that they have been transported in refrigerated containers," he said.

Mr Watts has tried to introduce the protocol into other European countries with limited success. "They seem reluctant to raise their professional standards due to the increase in costs involved and, consequently, I have concerns over the quality of fridge line PIs," he said.

"Pharmacists should ask for a guarantee that these products have been stored adequately during distribution and in warehouses," he advised.

Manufacturers, he added, also have a duty to ensure they only supply fridge products abroad to wholesalers who conform to the protocol.

BAPW intends to raise these issues



BAPW director Michael Watts

at its annual dinner on March 13.

Pharmaceutical Services Negotiating Committee chairman Wally Dove has reacted strongly to Mr Watts' comments. "Pharmacists will feel angry about the accusations. I am not aware of any evidence to substantiate the claims being made," he said.

"I hope he is not merely trying to deflect attention away from the activities of his own members or intimidate pharmacists into not using shortline wholesalers."

At PSNC's instigation community pharmacists have done more than anyone else to combat fraud, he added. "If there is evidence pharmacists have acted fraudulently, then we condemn it, but I would be extremely surprised if this was a widespread practice."

COMING EVENTS

FEBRUARY 29
Bristol Branch, RPSGB, at the BAWA Leisure Centre, Filton, 7.30 for 8pm. 'Emergency contraception' by Dr Anna Graham and Margaret Hook.

NICPPET at The Oaklin House Hotel, Dungannon, 7.30 for 8pm - 'Reporting adverse drug reactions'.

MARCH 2
NICPPET at The Silver Birches Hotel,

Omagh, 7.30 for 8pm - 'Reporting Adverse Drug Reactions'.

MARCH 6
Southampton & District Branch, RPSGB, at Solway House, Gaters Hill, Southampton, 7.30 for 8pm. IT - 'The Future'. Speaker: Ian Shepherd, IT specialist from RPSGB, and a speaker from IBM. Sponsored by Solway Healthcare.

East Kent Branch, RPSGB, at The Pilgrim's Rest, Ashford. 'Working more closely with PCGs - one year on'. Speakers: Dr Anne Coulson, an Ashford GP, and Judi Cross, PCG pharmacist.

Derby Branch, RPSGB, at the Postgraduate Education Centre, Kingsway Hospital, Derby. 'Drugs, deaths and suicide'. Sponsored by Astra Pharmaceuticals.

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The two winners will be drawn at noon on March 6 by the editor (whose decision, as always, is final). If you want to get your name into the draw send your name, business address and a daytime phone number to: *C&D*/J&J MSD

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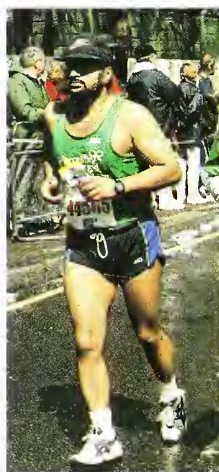
Pharmacist sets £2k target for himself in London Marathon

A London pharmacist is hoping to raise £2,000 for Macmillan Cancer Relief by running in this year's London Marathon.

Amarjit Gill, proprietor of Gill Chemists in Southall is hoping to better his previous time of four and a half hours. Amarjit has run the Marathon for the last two years but claims to be much fitter this year. He is also hoping to improve on the £1,500 he raised for Macmillan in his two previous runs.

Anyone wishing to sponsor Amarjit for his run on April 16 can contact him on 020 8574 2048.

Right: Amarjit Gill running the 1998 London Marathon



APPOINTMENTS

Kodak Consumer Imaging has appointed **Clare Taylor** as marketing manager. Ms Taylor was previously group brand manager for single use and Advantix cameras. **Atul Patel** succeeds Ms Taylor as group brand manager for cameras. Mr Patel has been promoted from his position as marketing manager for High Street and duty-free.

Phoenix Medical Supplies has appointed **Stan Dobson** as group human resource manager. Mr Dobson has previously been group personnel manager at AAH.

Baroness Helena Kennedy QC is to chair the new Human Genetics Commission. The Commission will advise ministers on both the social and ethical issues associated with advances in genetics together with their implications for human health, the NHS and research. Members include leading clinicians, researchers, lay members, ethicists and lawyers.

Spinning the script levy

How do you take a piece of bad news and transform it into something worthy of a bottle of champers and a fine cigar? Call Mr Blair's Department of Spin, which is trumpeting the highest ever prescription charge as something to be grateful for!

"The lowest percentage prescription charge increase for over 20 years," was how the press release put it. And for an extra layer of sugar coating: "Eighty five per cent of prescription items on the NHS are free."

Someone at the Department has been hard at work on their calculator and has given health minister Lord Hunt the minuscule figure of 1.69 per cent to quote. Doesn't sound much of an increase – in fact it sounds like small change compared to six of those lovely gold coloured coins.

Pharmacist's snappy success

A retired community pharmacist from Yorkshire has been awarded a runner-up place in a travel photography competition.

Dorothy Burrows, from Shipley, was runner up in the 'Open Space' category of a competition organised by *Wanderlust* magazine that is the biggest of its kind in the UK, attracting over 1,700 entries. Dorothy's photograph has been on display at the Destinations 2000 travel show at Olympia. The photograph of a parasailer was taken while on holiday in Austria.

Another photo of Dorothy's has been selected for display in the technology section of The History Channel's 'Photos for the Future' display. The photographs will be on show in programmes broadcast on the History Channel, in a series of 150 exhibitions in libraries, museums and on the internet, and in a commemorative book. Dorothy's picture of tablets, capsules and suppositories was one of 6,700 entries. Entrants were trying to "take a picture that captures a moment in history".

No stranger to photography competitions, Dorothy has also won a holiday to Majorca worth £1,500 with her local newspaper. She was named Yorkshire's Sports Photographer of the Year last year, and has won a £300 light



'Parasailer seen from the upper station of the Schaffbergbahn on a clear August afternoon at Wolfgang in Austria'



meter in a photographic magazine competition. Dorothy first became interested in her hobby through her tutor pharmacist during her apprenticeship.

'Unwanted medicine part of the 'Photos for the Future' display'

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Women now know Diflucan™ One is the most expensive vaginal thrush treatment. Yet it's the fastest growing too, accounting for nearly 1 in 3 sold.¹ Proving that a treatment that is oral, fast and effective, is the one thrush sufferers want. We're backing Diflucan One with a £2.25 million advertising campaign, informing your customers of the price up front.

Diflucan One. Well worth recommending.

£12-50

Fluconazole

Pfizer Consumer Healthcare

(1) Information Resources MAT September 1999

www.thrushadvice.org

Abbreviated product information for Diflucan™ One (fluconazole). Presentation: Capsule containing 150mg fluconazole. **Indication and dosage:** Vaginal candidiasis. Adults (16-60 years): single oral 150mg dose. **Contra-indications:** Hypersensitivity to fluconazole or related azoles, pregnancy and women of childbearing potential unless adequate contraception is employed, co-administration of terfenadine and cisapride. **Warnings:** Lactation: Not recommended. **Drug interactions:** Relevance to single-dose has not yet been established. Anticoagulants, astemizole, cisapride, cyclosporin, diuretics, oral sulphonylureas, phenytoin, rifampicin, terfenadine, theophylline and zidovudine. **Side-effects:** Nausea, abdominal discomfort, diarrhoea, flatulence and rarely anaphylaxis. **Legal category:** P. **Package Quantity and Cost Price:** 150mg capsule, pack of 1, £7.12 (PL1906/0017). **Product Licence Holder:** Pfizer Consumer Healthcare, Watson Road, Alton GU34 2TJ. **Date of preparation:** July 1997.